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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Medical Excerpta.* By L. M. LAWSON, M. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

In the following *excerpta* I propose to make a few extracts from my notes, relating to subjects which have principally come under my own observation.

1. *Nitrate of Silver and Antimony in Croup.*—These two agents which occupy, generally, a small part of the therapeutics of croup, deserve more consideration than has been bestowed upon them by the general practitioner.

Let me observe, however, that the term *croup* is employed to denote very different *degrees*, or it may be *forms*, of disease. Some restrict the term to those examples in which there is a formation of false membrane; others regard simple inflammatory disease of the parts, independent of membranous exudation, as legitimate croup. Some believe it to be seated equally in the larynx and trachea; others consider it as belonging more especially to the latter. It is believed by some pathologists, (Dr. Copland, for example,) that in *membranous* croup there is a special condition of the blood, namely, a predominance of *albumen*, which induces the secondary deposit when inflamation occurs.

It appears to me, however, that croup is simple inflammation of the trachea (tracheitis) extending more or less to the larynx, but not especially nor principally occupying the latter structure. In the milder forms of the disease there is simple catarrhal inflamation, (and by this I mean the peculiar changes which occur in connection

with the epithelia,) and therefore no adventitious deposit; but when the inflammatory action is more intense, the morbid state extends to the submucous areolar tissue, and plastic lymph is poured out. And herein consists the distinction between the two degrees of inflammation: one is simply mucous and produces no lymph; the other dips into the areolar tissue, and plastic material flows out, forming a false membrane. With this view there is no necessity for an albuminous element to account for the adventitious deposit; nor does it conflict with the acknowledged inability of mucous epithelia to produce lymph.

One of the most important *symptoms* occurring during the progress of croup, is the spasmodic affection of the glottis. This is an invariable attendant on the disease; but it is an important fact that the degree of spasmodic action (and the difficult inspiration) is not proportional to the amount of inflammation. Sometimes, indeed, it occurs without inflammatory action (crowing inspiration), and it varies considerably in true croup. But in all cases of much severity, the spasm of the glottis plays an important part in the process of destruction, and is doubtless the main agent in bringing about a fatal issue. Thus, the inspiratory act becomes more and more difficult, (in fatal cases) until asphyxia, by spasmodic closure of the glottis, ends the struggle.

Simple tracheitis would hardly prove fatal, if properly treated; but the production of a false membrane, and the occurrence of persistent spasm of the glottis, become the fatal elements of the disease. Simple tracheitis, without false membrane, may engender so much spasmodic action as to prove fatal; but the most unmanageable form is that variety in which the adventitious deposit takes place.

In the treatment of croup, two important indications are presented: 1. To prevent or remove false membrane; 2. To obviate the spasmodic action. Without adverting to blood-letting, emetics, &c., (which are so well understood by the profession,) I wish to remark that there are three agents better calculated, in my judgment, to fulfill the indications named, than all others—these are, mercury, antimony, and the topical application of the nitrate of silver. To subdue the inflammation, blood-letting has generally taken the first rank, practitioners seeming to dread the effects of tartar emetic on children. It is true, the antimony sometimes prostrates children in a very marked degree; but is this prostration fatal? Within reasonable limits, I think it is not, and as children recuperate with great

facility, the dread of exhaustion has probably induced injudicious precautions in the use of this agent. Cases have recently been detailed by some of the London physicians, going to show that half grain doses of antimony may be given to children; and although much prostration frequently ensues, it is equally potent in subduing the disease. There are two prominent effects produced by this agent: 1. It lessens inflammation; and 2. It prevents the formation of false membrane, or materially aids in breaking it up.

The influence of calomel over croupous inflammation is, I think, very marked. Its effects are to subdue inflammatory action, but more especially to suspend or break up the plastic exudation. It therefore coincides with the effects of tartar emetic. I have repeatedly witnessed the good effects of large doses of calomel, (ten grains) frequently repeated, by which was shown the rapid subsidence of the difficult inspiration,—and this, too, without the super-induction of ptyalism or local disease.

For the purpose of diminishing the spasm of the glottis, the local application of the nitrate of silver is extremely valuable. I usually employ it in the proportion of ten to twenty grains to the ounce, repeating the application once in four hours until some relief is obtained. In using this agent, it is indispensable to bring it in contact with the larynx, as well as to the surface of the fauces generally. It should not be repeated, however, too frequently, otherwise it may increase local irritation. I have seldom found it necessary to make more than two or three applications.

These, then, are the agents to fulfil the indications I have named: 1. Blood-letting; 1. Calomel; 3. Tartar emetic; 4. The topical application of the nitrate of silver. Other remedies may be employed conjointly.

2. *Idiopathic irritability of the Heart.*—Why not have *idiopathic* irritability of the *heart* as well as of the stomach, brain or uterus? There is certainly no good reason, anatomically or physiologically, while there is abundant clinical evidence of its occurrence. Dr. Robert Lee has demonstrated *nervous ganglia* in the heart, corresponding to those which he met with in the uterus; and it was observed that these glanglia change with disease. In hypertrophy of the heart, for example, they were found correspondingly enlarged.

I have now observed a number of cases in which simple irritability of the heart seemed to be the only lesion. In such cases there

is remarkable excitability of the organ, the heart often beating 140 times to the minute. When the case is purely idiopathic, a diagnosis may be arrived at by *exclusion;* that is, by ascertaining that no primary disease existed in any other organ. When we meet with cases of remarkable frequency of pulse, without evident cause, or corresponding disease in other parts, the difficulty will usually be found seated in the heart itself.

My impression is, that these cases are more frequent than is generally supposed, and that they often prove extremely annoying to the physician, and injurious to the patient. It may be remarked, also, that the same irritability may occur in the course of other affections, and materially complicate their course and results.

The *treatment*, in idiopathic cases, consists mainly in the employment of the cardiac sedatives, and among these none have succeeded better with me than the *aconite* and *veratrum viride*—to which may be added digitalis; hydrocyanic acid, *et id omne genus*. The preparations of *opium* are of much less value.

May not this disease, when of long continuance, lead to exhaustion of the nerves, and finally dilatation of the heart? I have no doubt of such a result; and hence one of the necessities for its early recognition and appropriate treatment.

3. *Ether as an Antidote to Chloroform.*—The novel idea has been promulgated by our French brethren, that *Ether* is an antidote to *Chloroform*! M. Aug. Fabre published a memoir on the subject, and a commmission consisting of M. M. Cloquet, Fourens, and Jobert (de Lambelle) was appointed to investigate the subject. The report concludes thus:

1. That the vital functions are more promptly re-established in animals anæsthized by chloroform when left to themselves, than when they were made to inspire ether, whether continuously or at certain intervals.

2. That ether, far from being an antidote to chloroform, prolonged and aggravated the effects of the latter agent, and hence we should be guarded in its administration.

Thus the commission put an extinguisher on M. Fabre's singular suggestion. We may congratulate our French confieres on their ability in exploding errors, as well as originating them.

Appropos, however, of chloroform and ether, it is an important fact that few of any *sudden* or *immediate* fatal accidents have attended the administration of the latter. I do not know of one. This

fact certainly suggests the idea that the ether is much the safest article, although its anæsthetic properties are inferior to the chloroform. Still there is no reason to regard it as an *antidote* to the latter.

It is a somewhat important fact that many (if not most) of the fatal accidents with chloroform have occurred in *dental* operations. Has not this depended chiefly on the erect position being maintained during its administration? This has seemed to me probable.

Have any fatal cases occurred from chloroform administered during parturition? I know of none; and if this be the case, is not the exemption from injury due, at least in part, to the presence of severe pain; The pain attending the parturient action keeps the nervous system aroused, and hence the tolerance of anæsthetic agents.

In the administration of this agent during labor, we require really very small quantities—barely enough to blunt the sensibilities, and to produce sleep or coma. I have observed marked effects in a recent case, following the inhalation of a very small quantity. The effect seemed to be an *exaltation* of the cerebral functions, which elevated the patient *above* pain, instead of sinking her *below* it. She expressed herself *perfectly happy*, a very pleasurable exaltation of feeling evidently pervading the entire nervous system.—Not the slightest pain was felt, and yet the labor rapidly advanced to completion, the intellectual function remaining abundantly active.

4. *The direct Medication of the inflamed Tissue in Pneumonitis.*—Is there anything unphilosophical in the idea that the lungs, during inflammation, may be medicated by inhalation, and thus *topical* applications employed? Varrentrapp healed 23 cases, in the Frankfort Hospital, with *chloroform*. Sixty drops were poured on cotton and inhaled for 10 or 15 minutes, from 8 to 12 times during the 24 hours. Of these cases, 22 recovered. But little other medicine was given. Other cases have been given.

The direct medication of the pulmonary structures, during inflammation, seems to merit further attention. Perhaps other agents which diminish sensibility might be advantageously employed—such as volatilized opium or other narcotics. Certainly in *mucous* inflammation, these agents are too much neglected.

Cincinnati, Dec. 1856.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. 1.—*Report of seven cases of Puerperal Peritonitis.* By ROBT. K. SMITH, M. D., late Chief Resident Physician, Philadelphia Hospital.

The following seven cases of puerperal peritonitis are a continuation of the series reported in the April No. of the Examiner. Except the first, they all occurred in the obstetrical wards of the Hospital connected with the Philadelphia Alms House, and constituted a part of the number included in the prevailing epidemic.

The two first in the present report were under treatment at the time I closed my communication upon that subject, (referred to in the April number,) and resulted as I then supposed. The remaining five were subsequent cases, and with them terminated the disease in the Institution.

The first case in the present report was a lady, residing five miles from the Hospital; in a healthy locality; where there had been no case of puerperal fever, and to whom I had been called, in consultation, after delivery, in consequence of an adherent placenta. The report exhibits my professional connexion therewith, and it is for the profession to decide, whether the probabilities favor, in this instance, the communicability of the disease. I will remark, however, that in the Hospital, the eight attending physicians attended the obstetrical patients in rotation, in the alphabetical order of their names; and unless there was some abnormal condition, I was rarely called upon for assistance. During the prevalence of this disease, this assistance was rendered upon several occasions, and from its commencement until its termination, seventy women in all were delivered; many of whom escaped an attack, although subject to such manual assistance, and occupying the same rooms, often adjoining beds, to the fever patients. Commencing with the first and including the last case of puerperal fever, there were seventy obstetrical cases n the Hospital, and out of the seventy, thirty-two had the fever. In two of these cases, the operation of craniotomy was performed;

one had the fever and died; and the other escaped an attack. Every instrumental case was treated during labor by the chief medical officer, when the institution was under my control; I am thus particular in a description of its management for the purpose of showing that those who had the disease, and those who escaped, were attended indiscriminately by the medical staff of the house.

From reliable information received, a lady relative of the first case in this report, who attended the funeral, and who was shortly after delivered, died in childbed of the same disease. This lady lived several miles further in the country, and from what I can learn, it was the only case of the kind in that vicinity.

My own experience does not justify the belief that there is a specific contagion in puerperal fever, and yet I am free to admit, that if this case had occurred without my interference, I should have felt much more comfortable.

Case 1st. Mrs. ————, a married lady; born in Pa.; æt. 36; healthy, and of robust constitution; sanguine billious temperament; sixth pregnancy; was delivered March 11th of twin boys, after an easy labor. I was called in consultation in the afternoon, and removed the placenta by introducing my hand within the uterus. This organ contracted readily; there was no hæmorrhage; the patient was lively, and I left her comfortable.

In consequence of the prevalence of puerperal fever in the Hospital, I suggested to the attending physician the necessity of the most careful watchfulness; and advised the most prompt and energetic treatment in the event of abdominal pain or an accelerated pulse. The following day, (the 12th,) her physician saw her five or six times, and reported no unfavorable symptoms. On the evening of the 13th, for the first time, he remarked an increased frequency of the pulse, and said she complained of slight uterine soreness and pain, when questioned upon this point. He had seen her frequently through the day, and these were the first noticeable symptoms. An opiate was prescribed, and she passed a comfortable night.

14th. The doctor rode over to the Hospital and reported her condition; was desirous that I should see her; said there was nothing alarming in her appearance; that she had but little pain; but her pulse was 132, and she looked pale. My engagements prevented a visit, but I urged him to take with him a leecher, apply 150 to her abdomen, to be followed by a succession of warm poultices, and to

give her a grain of calomel and two grains of opium every hour until the pain was relieved, and a favorable change took place.

15th. Saw the patient at 8 A. M. She told me the leeching had relieved the pain almost immediately, and she had suffered but little since. She had been wakeful through the night; looked pale and anxious; skin cool and moist; pulse small, 130; lochia almost suppressed; abdomen tympanitic, and very great tenderness upon pressure throughout its whole extent; dorsal decubitus and legs extended. The treatment of yesterday continued, with carb. ammonia and brandy; and an enema of oil and turpentine directed. Saw the patient again at night; had been vomiting occasionally, was more feeble; tympanitis increasing; pulse 136, and pain aggravated. A turpentine enema was administered, and twice repeated through the night; morphia was substituted for the calomel and opium. A carminative was given, and in the morning the vomiting had ceased; her pulse was less frequent, and the tympanitis considerably lessened. She had slept none, but I thought there was a slight general improvement, and left her to return again during the afternoon, (the 16th.)

Saw her again in the afternoon; no change; her physician said she had continued much the same all day; vomiting had not recurred; and the treatment was continued. A grain of morphia had been given every hour, and although it had not procured sleep, the pain was absent when the patient was undisturbed.

17th. Patient sinking; stimulants given freely all day; saw her in the evening dying; died before midnight; no post mortem.

The twin boys of this patient both died in convulsions, one a day or two before the mother, and the other before she was buried.

In this case it will be observed there was no general depletion; and the rigid antiphlogistic treatment resorted to in Mrs. H.'s case (No. X. published in the April number) was not adopted. The patient was a woman more plethoric and robust; accustomed to more active exercise, and altogether one whose system in health would have borne more general depletion. Her apparent prostrate condition, and the lapse of time from the appearance of the first symptoms, until I saw her, together with the fact that I was not alone in the case, made me hesitate to adopt it.

This lady had been my former patient; I had attended her in

three confinements, one of which was a twelve months' pregnancy, resulting in the birth of a mole, an organized muscular-fibrous mass, weighing about a pound, and unaccompanied by the secundines. This labor was attended by the usual phenomena, until the body was expelled; and her after recovery did not differ from ordinary cases. This event in the history of the patient is now only referred to, as an anomalous fact, that there was no expulsive effort of nature at the usual termination of utero-gestation, (9 months) and no symptom or accident that would satisfactorily account for this extended period of pregnancy.

Case 2d. Mary Ann Gibson (deaf mute); born in Ireland; æt. 25; married; rather asthenic; delivered of her first child February 18th; was getting over her confinement remarkably well until the night of March 10th, nearly three weeks after delivery, when she had a chill and complained of headache. Saw her at 10 A. M. the 11th; had headache; pulse 146 and weak; sharp abdominal pains; great tenderness on pressure in the iliac regions; and slight tympanitis. Ordered 250 leeches on abdomen, followed by hot fomentations of turpentine; gave her 10 grains of calomel, and in five hours a dose of castor oil. Directed 15 grains of quinine and 5 ounces of brandy to be given during the day.

At 3 P. M. patient in much the same condition; had been leeched and fomentations applied. 8 P. M. Still has pain and tympanitis; ordered a blister to the abdomen to be dressed with morphia grs. ii. and a ½ grain of morph. to be given every hour until she slept.

12th. 9½ A. M. Had slept but little during the night; skin dry; fever; pulse 118; pain; slight tympanitis; evidently subsiding; continued the quinine; prescribed Liq. Potass. Cit. f.℥ix. Sp. Æth. Nit. f.℥ii. m. A tablespoonful every two hours, and substituted 1 gr. opium every hour for the morphia, an injection of Ol. Ricini and a tablespoonful of turpentine was administered; she slept a little during the day.

8 P. M. Patient better; skin cool and moist; pulse 102 and more regular; bowels opened twice since morning; tongue slightly furred. Ordered a grain of calomel and a grain of opium every hour, when awake.

13th. Still improving; complains of but little pain; no fever

skin cool and pleasant; pulse about 83 and regular; continued treatment.

14th. 9½ A. M. No fever; pulse 80; no pain; slept well during the night; ordered the powders every two hours.

15th. Still better; no fever; discontinued treatment, and she continued to convalesce without a bad symptom. Child living.

This case is remarkable for the lapse of time intervening between delivery and the period of attack, as well as for the large amount of blood drawn locally by the leeches. Estimating six leeches to the ounce, there were nearly forty-two ounces of local blood-letting. The effect of this depletion was to reduce the pulse in 18 hours from 146 to 118, without exhausting the vital forces; and the rapid and steady improvement of the patient is the most convincing evidence of the propriety of the treatment.

Case 3d. Hannah Foley, born in Ireland; single; æt. 22; sthenic; first pregnancy; delivered March 30th of a dead boy after a labor of eleven hours.

April 1st. Patient had a chill last night, and complains of pain in the lower belly; cannot bear the slightest pressure; pulse 136; dry skin and red glazed tongue. Bled her at 8 this morning, ℥xxxiii. and ordered 150 leeches to the abdomen; gave calomel ten grains, followed by a dose of castor oil, and the operation of the medicine to be assisted by an oil and turpentine injection. 6 P. M. Pain violent; gave opium 4 grains every hour, to be continued every hour until she sleeps. Tympanitis appeared, and ordered the turpentine injection to be repeated.

2d. 7 A. M. Pulse 125; skin cool and moist; patient passed a restless night; pain almost gone; prescribed calomel ½ grain, opium 2 grains every hour.

The patient seems cheerful and better, and considering the amount of blood drawn by the lancet and leeches, has borne it remarkably well. 6 P. M. Hot dry skin, pulse 140; tympanitis excessive; restless and partially delirious; sleeps none; increased the opium to 4 grains every hour, and continued the injection three or four times during the night.

3d. Patient very ill; pulse barely distinguishable, and so rapid as to be scarcely able to note its frequency; gave her brandy and water until she died, which was in the afternoon. No post-mortem.

Case 4th. Ellen Dona; born in Ireland; æt. 23; third preg-

nancy; was delivered March 22d. This woman had been in these wards of the institution upon a former occasion, and had also been an inmate of the lunatic asylum. She was insane when last admitted; frail constitution and anæmic. Seemed to be doing well until the morning of the 2nd of April, when she had a chill and violent abdominal pains. Bled her ℥xxx. and applied 200 leeches to the abdomen, followed by hot turpentine fomentations; pulse before bleeding, 140. 6 P. M. Patient better, except the presence of tympanitis; ordered turpentine injection, and 3 grs. opium every hour until she sleeps.

3d. Pulse 110; pain much relieved; tympanitis greatly reduced; skin and tongue dry; prescribed nitrous powders and the opium.

4th. A great change for the better; pulse 90; skin and tongue moist; no pain. Continued treatment.

5th. Convalescent, suspended treatment, and she gradually recovered her strength and was transferred to the Lunatic Asylum.

Case 5th. Mary Doland, born in Ireland; single; æt. 21.—Delivered in the city, March 31st, and brought to the institution April 1st. A feeble and anæmic woman; appears to have suffered from want and destitution.

April 4th. Had a slight chill in the morning at seven o'clock; at M. tenderness in the iliac regions, and pulse 124. Ordered 200 leeches and hot poultices to the abdomen. Prescribed:—℞ Hyd. Chlor. Mit. grs. viii.; Potass. Nit. ℥iii.; Tart. Antim. grs. ii.; M. Div. Chart. no. xvi.; one every two hours, and Hyd. Chlor. Mit. grs. ii.; P. Opii. grs. ii. every alternate two hours until she sleeps. 7½ P. M. Leeches had been applied; tenderness entirely removed; abdomen slightly tympanitic; pulse 105; tongue moist and clean; bowels moved once. The patient continued without change, subject to the same treatment, except that the calomel and opium powders were withdrawn, and the leeching not repeated, until the morning of the 7th, when the tenderness reappeared, and the tympanitis slightly increased; pulse 96; tongue brown but moist. Prescribed the calomel and opium again every two hours; gave an injection of oil of turpentine, and saw her again at

8th. 7 A. M. Patient rested well last night; tongue cleaner; pulse 88. Continued the powders.

9th. 3 A. M. Dr. Marshall was called up to see the patient,

who was very restless; he gave her 60 drops of laudanum, and she became quiet but slept none. No increased frequency of the pulse.

7 A. M. Patient quiet; no increased frequency of the pulse; no pain; continued treatment.

10th. 12 M. Pulse increased in frequency, 110; slight pain in the chest; face flushed. Had got out of bed during the night and exposed herself in the ward, when the assistant physician was called; prescribed an ounce of oil and neutral mixture every hour.

11th. Much better; discontinued medicine, and the patient gradually recovered her strength. This patient was in the institution in February, when the fever was most fatal, and on account of the alarm felt by most of the pregnant women, was one of those that had been discharged to seek other accommodations. After her recovery, she was, with her child, discharged from the House.

Case 6th. Margaret Gingling, born in Germany; æt. 26; single; a frail, anæmic woman in the last stage of phthisis pulmonalis; delivered March 29th of a boy; first pregnancy; was free from symptoms of fever until the morning of the 4th of April. Had a slight chill, and abdominal pain; pulse 128; ordered 200 leeches to abdomen, and hot poultices. Prescribed ℞. Calomel grs. viii.; P. Nit. Pot. ʒiii.; Tart. Ant. grs. iii.; Div. Chart. no. xxiv. One every two hours. 3 P. M. Leeches are being applied; abdomen slightly tympanitic; tenderness in epigastric region; anxious expression; pulse 110, weak and irregular.

5th. 10 A. M. Abdomen tympanitic; tenderness still present; ordered an oil and turpentine injection; pulse 102. Continued the powders.

6th. Tympanitis still present; continued the poultices; great tenderness under the ensiform cartilage; pulse 104; tongue furred and dry. 8 P. M. Pulse 100; no tympanitis; bowels moved freely.

7th. Pain and tympanitis gone; pulse 100, weak and irregular. Continued the powders.

8th. 7 A. M. Patient doing well; pulse 90; skin cool and moist; continued powders.

9th. 2 A. M. Dr. M. called to patient, who would not stay in bed;

gave her a large dose of laudanum, (a teaspoonful); pulse small, and 85. She became quiet and went to sleep.

10th. All symptoms of peritonitis have disappeared; pulse 80, and patient very comfortable, except her cough; discontinued treatment. This patient gradually recovered her strength, and was transferred to the medical wards to be treated for phthisis, whence she was discharged from the Institution several weeks afterwards. Her child died on the 12th of April in convulsions.

Case 7th. Mary Ann McInrow, born in Ireland; æt. 25; married; second pregnancy; was delivered of a female child May 2nd; had a difficult labor; adhesion of the placenta and concealed hæmorrhage.

May 3rd. Had a slight chill last night; pulse at 7 A. M. 134; great abdominal soreness; pain; dry red tongue; tympanitic. Ordered 125 leeches to the belly; and an oil and turpentine injection. Prescribed 2 grs. calomel and 3 grs. opium every hour; after the leeching, pulse fell to 125; and the tenderness was much relieved.

4th. No pain; abdomen soft, and but slightly tympanitic; tongue clean and moist; pulse 120; great thirst; continued treatment.

5th. Patient much better; pulse 90; skin cool; no thirst. Continued powders.

6th. Patient convalescent; stopped treatment, and she gradually regained her strength. Child still in the House.

The whole number of deaths from puerperal fever during the epidemic was 18, out of 34 treated: 32 hospital patients, and two in private practice. Of the children born of those 34 women, 18 died of convulsions, and five were still-born.

In the report of the first 27 cases, it was stated that erysipelas was prevalent in the surgical wards at the time the fever appeared in the obstetrical; and it is proper to say that these two diseases prevailed, subsided and disappeared simultaneously.

The treatment was founded, not only upon what I believe to be correct principles, but upon former experience; limited it is true, but nevertheless, sufficiently satisfactory to secure my confidence. The results for hospital practice I confidently exhibit with every statistical table I have yet seen, and I believe they will compare favorably with any ever published. Adopting the views of Drs. Gordon, Armstrong, Hey and Tonnellé, and sustained by Dr. Meigs, that puerperal fever is

an *inflammation*, often so violent and overwhelming as to almost paralyze the nervous system, producing symptoms so deceptive as to arrest the hand of even the boldest and most experienced practitioner; presenting appearances of nervous and vascular depression; which, as a *real primary* condition, would properly demand a system of treatment the very opposite to that upon which I have relied—I say, adopting these views and acting upon these principles, I have had the courage to bleed and starve into health those who seemed to have scarcely blood enough left to feed the flame that was consuming them.

In looking over the published transactions of our State Medical Society, I see that some exception has been taken to this method of treatment, particularly as applied to my cases, by a gentleman in Schuylkill county; and we have from him the gratituitous suggestion that an opposite course might have secured different results.—As this gentleman has not seen proper to state precisely this difference, I can say to him, that upon this point we fully agree, but it is equally my *"firm belief"* that this difference would have been much more disastrous to my patients, and much less creditable to myself.

If Dr. Brown had given the profession the benefit of his enlarged experience, by an accurate and honest detail of his cases, it would have been more satisfactory to them than to have the Transactions of the State Medical Society made the vehicle of a lame and dogmatical criticism; and more modest in him than to expect us to take a partial and imperfect description of a disease which he chooses first to designate as puerperal fever, and afterwards speaks of as metritis—*making a distinction between them*—leaving his readers in doubt whether any *real* disease actually existed in the "pure and invigorating atmosphere" of Schuylkill county, and to set this up as a parallel to the frightful epidemic prevailing in an alms-house hospital.

Such an exhibition of this gentleman's talents and intelligence is not very creditable, and is exceedingly egotistical, not to use a harsher expression.

The subjoined table exhibits the proportionate mortality in the various hospital epidemics of puerperal fever, of which I have any present account.

Churchill says the first undoubted epidemic of child-bed fever of which we have any account, occurred in the Hotel Dieu, the winter

of 1746. Out of twenty women confined in that year, scarcely one recovered.

In private practice, where the disease prevailed epidemically, we have the record of

Dr. Gordon's	Aberdeen cases,	77,	28 deaths,	1791.
Mr. Hey's	Yorkshire "	14,	11 "	1810.
M. Botrel's	Rennes "	24,	22 "	1842–4.

Dr. Wm. Hunter lost 31 out of 32 cases.

Dr. Robert Lee, Londen cases 160, 68 deaths.

In 1813,	Dumfries cases	28,	27 deaths.	
In 1823,	Leith "	16,	16 "	
	Inveresk "	16,	16 "	Dr. Kellie.
In 1841 to 1846,	Philad'a "	95,	18 "	Dr. Rutter.

In 1853, in the village of Brakel, Minden, 13 cases, 12 deaths.

Table of Hospital Cases.

Year.	Hospital.	No. of Cases.	No. of Deaths.	Per cent.
1764	Dublin	28	21 or	75
1770	Westminister	19	14	73
1773	Royal Infirm. Edinb'g, all died			100
1787	Dublin	11	7	64
1788	"	17	14	82
1814–15	Edinburgh	9	8	88¾
1819–20	Dublin	192	86	46
1828–29	"	88	56	63⅔
1830	Edinburgh	18	16	89
1832	Penna. Hospital	8	5	62½
1833–34	Vienna	175	109	62⅓
1835	Dublin	13	8	61½
1845	"	14	10	71
1845	Penna. Hospital	3	3	100
1854–5	Dublin	38	21	55⅓
1856	Philada., Blockley	32	17	53

—*Medical Examiner, Dec.* 1856.

ART. II.—*A Eulogy on Amussat.* Read before the Academy of Medicine, of Paris, by LARREY. Translated for the Monthly from the Gazette Medicale by M. DESLANDES.

The Academy of Medicine has just lost one of its oldest, most active, and most eminent members. He, however, had been received in her bosom amongst the youngest. Notwithstanding the obligations of a large practice; he was a regular attendant at your meetings; he had offered to the Academy the first fruits or the re-

sults of the greater part of his labors, and those labors bore always on important questions, abounded in fruitful ideas, and contained real discoveries; which I shall not call incontestible, to avoid here all allusion to debates which are far from us, and which, moreover, could not be renewed beyond the grave.

But worthily to appropriate the laborious and tormented life of him whose name, ever dear to science and to humanity, has just been inscribed on the necrology of the Academy, it would require something more than a funeral oration, simple homage of our remembrance and adieux offered to our honorable and regretted colleague.

Amussat (Jean-Zulima), Doctor in Surgery, member of the Imperial Academy of Medicine (section of operative medicine) and of diverse national and foreign learned Societies, Chevalier of the Legion of Honor, was born in Paris, on the 21st of November, 1796, at Saint-Maixent, department of the Deux-Sevres.

His father is one of those worthy provincial practitioners who know how to honor our profession by their character as much as by their talents, and who practice medicine more as a mission of charity than a career of fortune.

Brought up in his family, young Amussat received from his father the elementary notions of the art, and completed them with Mr. Servan, a distinguished Surgeon of his native country. He manifested from the beginning, a decided taste for medical studies, and was pursuing them actively when the conscription came to suspend their course; and perhaps to arrest it entirely. There was only one way for him to conciliate the exigency of recruitment with the continuation of his career: it was to obtain a commission of assistant surgeon in the army. He was admitted in the month of January, 1814; at the age of 17; and left immediately to assist at some of the battles of the campaign of France. Young Amussat showed then, in the midst of the dangers of war, that courage and presence of mind which, later, were to distinguish him in the practice of the most perilous operations in surgery. Thus it was that, during the occupation of Rheims by a corps of the French army, he never left the wounded, heaped together in a church transformed into a hospital, where the crowding together of sick and wounded brought on typhus fever. He was himself threatened with the disease; but he never left his post before he had attended all intrusted to his care. Thus again it was, that anxious to acquire notions of anatomy, as

well as surgical knowledge, he ventured to use his scalpel on some Russian subjects, but surprised in the midst of his dissections, by a detachment of Cossacks, he escaped their vengeance only through his firm and impassable attitude.

Like many other celebrated surgeons, Amussat made his first attempt at surgical operations on the battle-field, where Roux, Lisfranc, Sanson, and others, had preceded him. But soon the campaign was at an end and the army disbanded; the young assistant, liberated from service, repaired to Paris, there to pursue his medical studies. He had but very small resources to live upon, and as he did not wish to remain a burden to his family, he manifested such an ardor for learning, that he attracted the attention of his first masters and gained their favor.

M. Troussel, his guide and his friend, assisted him in finding out the means of taking a part in the anatomical works at the Salpetriere. There it was that he met, for the first time, our eminent colleague, M. Rostan, who from that period, never ceased to show him the greatest sympathy.

Amussat, at the end of his first year of study, had so well employed his time, that he was a successful competitor for junior assistant, and appointed at La Charite, where they gave him a lodging.

There, in the corner of an obscure and unhealthy amphitheater, he spent whole days dissecting. His aptitude for pathological anatomy, attracted the attention of M. L'Herminier, who first attached him to his service and afterwards gave him his affection. Two years after, he was admitted as senior assistant at the Saltpetriere, where he extended and multiplied his anatomical labors. He made the autopsy of the greater part of the subjects left at his disposal. Then it was that, wishing to facilitate researches on epilepsy, and the supposed lesions of the spinal cord, he invented an ingenious instrument, adopted since and used in hospitals, under the name of *rachitone*.

It was at that period also that he began private teaching, to which he remained faithful during the whole of his medical life His first course of lectures was on anatomy, and designed only for some artists; but it showed the importance of that study which has become the object of official teaching at the *Ecole des Beaux Arts*.

Encouraged from that time to go on, he established regular lec-

tures at the Saltpetriere, but after a time the success of his lessons excited the jealousy of certain persons, and he was forced to discontinue.

But if he had lost favor, right was on his side. A place of Assistant to the Prosector of Anatomy became vacant at the Faculty, at the end of December, 1821; it was put to competition, Amussat obtained it, and resumed, doubled, tripled, his teaching, giving lectures on anatomy, surgical pathology, and operative medicine.

Carried away by his zeal beyond his strength, he was anxious of competing for the Prosectorship of the Faculty; but a formidable accident prevented him. An anatomical puncture threatened him with purulent resorption; hardly had he escaped it, than he was attacked with an acute dysentery that put his life in danger. At last he recovered, but from that time his health was very feeble; successive attacks of disease had shattered his frame, and he had to give up the struggles of competitions. He was, indeed, worthy of a place of Surgeon in one of the Hospitals of the Faculty. However, he was obliged to restrain his surgical ambition, and be satisfied with teaching and private practice.

Henceforth, indefatigable worker, he endeavored by constant labor to acquire, in an official teaching, the authority he wanted.

A notice of his scientific labors is sufficient to show all their value, and a rapid sketch of them in chronological order will be enough to bring them to your remembrance.

In 1822, M. Amussat published an essay on the possibility of passing through the urethra of a man a straight catheter.

It is on these new data and their practical consequences in the breaking of calculus, that Amussat rested his claims to the discovery of Lithotrity. The more he tried to vindicate the initiative and intuition of that great discovery, the more opposition he met to the acceptance of pretensions he believed legitimate.

In 1823, his observations on the urethra of man and woman, led him to propose straight instruments in the catheterism, now called rectiline, for the extraction or destruction of foreign bodies in the bladder.

The same year, in a memoir on strictures of the urethra, and forced injections, he made five classes of organic strictures of the urethra, founded on pathological anatomy.

In 1824, his researches on the biliary apparatus had for their object to demonstrate the mechanism of the reflux of the bile in the gall bladder.

In support of his experiments, Amussat exhibited before the Academy an anatomical preparation, the interest of which, added to that of his communication, obtained for him and his first labors a brilliant testimony of interest and esteem.

In 1825, his researches on the nervous system had for their object to demonstrate the disposition of the origin of the spinal nerves.

He explained in another work the communication of the veins with the lymphatic vessels.

In 1826 he brought before the Academy an essay on the anatomical relations of the epigastric artery in the different species of hernia, to which were added practical considerations on a powerful and graduated mode of taxis, of which all surgeons may make useful applications, but which requires much prudence in its use.

In 1826, he read his thesis before the Faculty of Paris, on the Study of Anatomy. He showed the utility of experiments on animals to learn physiology. This interesting essay is addressed to students, to spare them the difficulties which the author himself had encountered in his studies.

From 1827 to 1828, he was engaged in a series of vivisection experiments on traumatic hæmorrhages and the hæmostatic means now in use.

In 1829 he laid before the Institute an *expose* of his researches on the torsion of arteries, and sometime after he read before that body a learned memoir on that subject. He had conceived the ingenious idea, in reflecting on the disadvantages of the ligature, and the curious phenomena of lacerated wounds in which hæmorrhage seldom takes place.

Let us say, however, that he seems to have exaggerated the advantages of torsion, which will nevertheless remain a useful discovery, as it favors the immediate reunion of wounds, and facilitates the practice of operations performed unexpectedly, in the country or on the battle-field.

In 1832, a synoptic table of lithotrity and hypogastric cystotomy, dates the discovery of lithotrity from 1822, the epoch at which appeared his note on the possibility of using the straight catheter in the catheterism of the urethra.

He resumed and commented on this work, later, in a memorable discussion, at the Academy, on the comparative advantages of lithotomy and lithotrity.

In 1832 he published a table of the urinary concretions in man,

classified according to their volume and their form, showing the difficulties met with in the practice of lithotomy and lithotrity.

Finding that, in many cases, lithotrity could not cure the disease, but that it might even complicate the accidents attendant on it, he adopted the high operation of lithotomy, and simplified its consequences. He prevented urinary effusions by means of curved gum-elastic canula, introduced through the subpubian wound to the bottom of the bladder, and giving free passage to the urine, without it being necessary to leave a catheter in the urethra.

In 1835, the suture of the intestines became for him the object of interesting researches, from the experiments of Travers on the circular constriction of the intestinal canal, to restore to it its natural calibre.

In 1835, also, experimental researches on traumatic hæmorrhages, marked out the distinctive characters of arterial and venous hæmorrhages, by showing the mortal effects of the introduction of air into the veins, and the advantages of torsion of the arteries.

The same year, an operation for artificial anus, successfully performed on a new-born infant, stamped the origin of the more complete labors of Amussat, on this important question.

An operation for artificial vagina, performed also with success, in 1836, furnished him with the materials of a work, read at the Institute, on the defects of conformation of the vagina.

In 1836, another memoir, read at the Institute, on spasm of the urethra, shows that it is not sufficient, alone, to oppose the introduction of a catheter in the bladder.

In 1837 he advantageously applied cauterization to the treatment of some urinary fistulæ.

In 1838 he recommended, highly, the use of platinum needles in the twisted suture, as offering more advantages than the others.

In 1839, in an important memoir on the accidental introduction of air in the veins, he gave a summary of a great number of experiments performed by him on living animals, and all the known or collected cases in man, during the course of certain surgical operations.

The same year, in a memoir entitled an account of Broussais' decease, followed by some practical observations on the obstructions of the rectum, he emitted the idea that the operation for artificial anus, according to Callisen's method, is preferable to that of Littre, and in a second memoir he modified, advantageously, this method.

He often regretted not having been able to apply it in the case of the illustrious Physician-in-Chief of the Val-de-Grace, whom he had been called upon to attend, and whom he had seen, so to speak, die from day to day.

The retroversion of the uterus in the state of pregnancy furnished him, in 1839, with the subject of a memoir, founded on two cases of unhoped-for success, and on the analysis of the known facts of the same kind, gave different results.

In 1840, in a memoir on the pathological anatomy of fibrous tumors of the uterus, he demonstrated the possibility of extirpating those tumors when they are contained between the walls of the organ.

Two cases, the only ones then known to him, in support of the above demonstration, gave rise to several new questions on the mode of extirpation of these tumors by torsion and by parcelling (morcellement.)

It was also in 1840 that strabismus, and the operation applicable to this deformity, became for M. Amussat and Lucien Boyer the object of numerous researches, and the cause of every kind of tribulation.

Stammering, like strabismus, furnished M. Amussat with numerous opportunities of applying tenotomy in the treatment of this infirmity, but they threw stronger doubts still on the advantages attributed by him to this operation, and drew upon him bitter criticism and violent attacks, which painfully wounded his self-esteem and disturbed his rest.

To make diversion to these troubles, the same year, in a second memoir, read at the Academy, on artificial anus, he related new cases in support of Callisen's method modified, over that of Littre, and in 1842 he read at the Institute a third memoir on the same subject.

In that year, also, under the name of cicatrices d'allongement (long cicatrices), he proposed a simple process to prevent the retraction of the cicatrizing tissue, by vivifying every day the angle or angles of certain tumors.

In 1842, the destruction of internal hæmorrhoids, accomplished by him, by means of the ligature first, and then by cauterization, became, later, the object of an ingenious operation by the combination of the ligature and simultaneous cauterization of the hæmorrhoidal tumors.

In a memoir read a short time after, at the Institute, on the mechanism of the course of the bile in the biliary ducts, he developed the idea emitted in 1824, before the Academy.

Lastly, again in 1842, in a memoir on the disposition of bloody tumors, and the effusion of blood which takes place after wounds of vessels, he demonstrated the existence of a duct, or conducting tract, in the middle of these sanguine collections, and the importance of seeking through this tract, the source of the hæmorrhage, of the divided vessels.

Here, gentlemen, ends the enumeration of the works published by our learned colleague. Their importance as well as their multiplicity shall, perhaps, no longer excite either jealonsy or contest; for it is in the very originality of his works that we must recognize the true merit of that eminent surgeon. And this merit deserves so much more to be duly appreciated, that M. Amussat derived it neither from the sources of his first education nor from the advantages of an education, nor from the advantages of an acquired position, nor even from the chances of a future fame; but it resided within himself, in his innate vocation for surgery, in an inventive sagacity for the progress or perfection of the art.

Yes, gentlemen, let us now proclaim it aloud, now that he is no more, Amussat possessed the surgical genius which guesses, invents, or perfects what he has not created.

The summary of his works shall always put in relief his anatomical researches on the urethra, and the application of rectiline catheterism to the practice of lithotrity; his experimental investigations on the biliary apparatus and the course of the bile, on some points of the nervous system, on the anatomy and reduction of hernia, on the operation for artificial anus in the lumbar region, on the pathological anatomy of strictures of the urethra, on the extirpation of fibrous tumors from the uterus, on the torsion of arteries, on the entrance of air in the veins, on traumatic hæmorrhages, on suture of the intestines, on diseases of the urinary organs, and particularly on vesicular calculus, and urethral fistula.

Of all these works, those to which he attached most importance, as questions of origin or priority for the discovery of lithotrity, were then his researches on the possibility of catheterizing the urethra with straight catheters. He has, even, published on that subject a summary exposition of historical documents, and a synoptic table,

very extensive, where the part belonging to him in that great question necessarily figures.

The history of the art has registered the chronology of the facts on the important discovery of lithotrity. It is enough.

Let us leave, gentlemen, to every one the merit of his works; let us not depreciate, after his death, as he was depreciated during his life, him who must nevertheless rank amongst the most ingenious and most expert surgeons of his time.

A skilful practitioner, having acquired early the celebrity attached to his name, he deserved so much more credit for having obtained it, that he could not support his experience or his authority on the title of professor at the Faculty, nor that of surgeon of a hospital, since he belonged neither to official teaching or hospital service.

As an operator, Amussat was a great artist, passionately fond of his profession. He was possessed of that taste and tact which, in surgery, are the *coup d' œil* of skill. He united prudence to firmness, did not shrink from a difficult undertaking, but did not try to show off his talents, or to increase his reputation at the risk and peril of those who entrusted themselves to his care. He knew how to speak to them the sweet language of persuasion, to inspire them with resignation to the gravest, most formidable operations; and, better still, he knew how to spare them sufferings whenever the resources of art allowed him to fill the most salutary of all indications, that which so well attests the resources of nature, that which every surgeon should endeavor to attain by dint of care, patience, abnegation, and hope,—that indication which has deserved the so legitimate name of conservative surgery.

But if it was necessary to operate, his firm and skilful hand used, with as much security as success, all the instruments of his arsenal.

Several, invented or perfected by him, testify to the inventiveness of his surgical spirit. It is particularly in reference to the urinary organs, that we must mention the straight catheter, the *urethrotome*, the caustic-case, and the lithotritors, and many other instruments, such as torsion pincers, pessaries, &c., which all bear the stamp of an ingenious idea, or of practical utility.

As a *savant*. M. Amussat had no pretension to erudition, but he was endowed with a rare patience and will, for the research or study of a subject. Persevering, obstinate, in working, he followed an idea until he had arrrived at experimental demonstration, without,

perhaps, caring enough for the work already undertaken, with views analagous to his own.

The very originality of his works brought him just rewards. Thus, as laureate of the Institute, he carried several memorable prizes:

One of 2,000 francs for Lithrotrity.
" " 6,000 " for the Torsion of Arteries.
" " 4,000 " for the Introduction of Air in the Veins.
" " 3,000 " for Lumbar Enterotomy.

Placed several times on the list of the candidates for the Chair of Surgery, at the Academy of Sciences, if he had not the honor of being selected, he had the satisfaction of having been judged worthy of it.

As a member of the Academy of Medicine, he received from her the noblest encouragements, the greatest reward of his first efforts, of his first labors, since he was admitted, and almost received with acclamations, in the number of her titulary members, before he had even obtained the diploma of Doctor.

But he never forgot the gratitude that was imposed upon him by that exceptional favor. He faithfully offered to the Academy the premises of his other works, of his new researches, and of his last operations, reading several memoirs, giving important communications, and making diverse representations. Lastly, he shed lustre on some of these memorable discussions.

As a professor; M. Amussat exercised himself in the art of teaching when he was yet only a student; and later, he gave lectures on anatomy, physiology, surgical anatomy, operations, and bandages, and experimental surgery, which were well attended.

He attached to the teachings of this last branch so just an importance, that he thought of making it the subject of a special work. He only sketched it, and furnished the elements of it in his thesis, in his researches on traumatic hæmorrhages, and in his work on the introduction of air in the veins.

He had instituted at his own house surgical conferences; in which he expounded his works and the results of his observations, to French or foreign practitioners invited at these weekly reunions. It is because I was present at several of them, that I am able, like many others, to appreciate all their interest.

In 1830 he gave a course of lectures on military surgery, for which he had asked of me some documents, with the idea of being

useful to some of the young surgeons who were going to join the army in Africa.

As a man, Amussat was good and obliging to all, full of gentleness in his intercourse with his fellow-men, affectionate towards his pupils, benevolent to his *confreres*, even to those who did not like him or were jealous of his merits. He attached himself to his patients, and if he required much from the rich, he gave a great deal to the poor. He had, at the beginning of his career, experienced embarrassment, privations, and having attained a fortune, well acquired by constant labor, he was generous and charitable, without ostentation.

Allow me to recall a well known fact, or rather a forgotten one, before bidding a last adieu to our excellent and so to be regretted friend.

In 1831, the widow of a most honorable physician found herself reduced to indigence; she hardly dared to implore the compassion of her husband's professional brethren; she addressed herself to M. Amussat, who first saved her from misery, and immediately conceived or accepted from an honorable *confrere* the idea of founding a mutual assistance association amongst physicians. He had a meeting with some of these, and his project was adopted without opposition. Statutes definitely constituted the association, which took the name of *Society de prevoyance.* It lasted two years, and the good it was able to accomplish in so short a time, shows what could be expected from an institution established on a more extensive scale and officially authorized. The illustrious Dean of the Faculty accomplished this work, which he so well directed during the rest of his life; but let us not forget, gentlemen, that the foundation of Orfila is a work inspired by the happy initiative of Amussat.

As a friend, as a relation, Amussat was full of the tenderest feelings and devotion for his own family. He was first the support of his mother and his three sisters, whom he treated as his own children, and whom he brought up and married. A model of filial tenderness and piety, he supported also his venerable father, now 90 years old, and destined to survive him if he is not dead on hearing the fatal news.

He leaves behind him a much sorrowing son, already known in surgery by useful publications. He will also be deeply regretted by his brother of adoption, who long had a share in his labors, his affections, and his griefs.

Oh, that he had long ago listened to the prayers of his pupils and of his friends, and taken the rest he needed.

M. Amussat died at the age of 50, on the 13th of May, in the night, after a few days' illness only, and almost without any other suffering than a gradual giving way of all his strength. Symptoms of diptheria and vesical paralysis showed themselves, it is true, in the last moments; but definitively he fell under the constant fatigues of that hard profession which kills so many physicians, exhausted in trying to make their patients live. He died as he had lived, full of courage and resignation.

Farewell, then, dear and excellent colleague; I wish a more authorized or more intimate voice than mine, had traced all the labors of your life, and expressed all the regrets that shall follow you to the grave, and offered to your memory a homage so well merited.

May I, at least, have been the interpreter of the Academy in this last adieu.—*Am. Monthly.*

Art. III.—*Uncontrollable Vomiting in Pregnancy.* The attention of physicians has of late been directed toward the subject of excessive vomiting during pregnancy, with a view to discover some more efficient mode of treatment than that usually employed for this unpleasant and sometimes alarming symptom. Although the cause of the vomiting has always been recognized as seated in the uterus, yet the means at our disposal for ascertaining the condition of that organ having until lately been litned, it has been necessary to treat the disease as one of the stomach, and to address remedies chiefly to that organ. It is needless to say that in many cases this mode of treatment is ineffectual. Instances now and then occur in which, in spite of the employment of prussic accid, creosote, alcalies, acids, narcotics, leeches, blisters, sinapisms, the vomiting still continues unabated, or increases, sometimes to such a degree as to render necessary the artificial induction of abortion as the last resource, and that a doubtful one, in order to save the life of the woman, if indeed that result does not follow spontaneously the violent contractions of the stomach.

It is now well known that in these cases there is often something more than the presence of the ovum in the uterus, and theenlarge-

ment of this organ, to account for the sympathetic irritation of the stomach. The speculum often reveals various morbid conditions of the cervix, and since the removal of these conditions, or their diminution, by appropriate local treatment, is followed by a cessation or diminution of the vomiting, it is fair to attribute this exaggeration of a natural phenomenon to a morbid condition of the parts which are concerned in its production. An interesting case confirming this view, which we see reported in a foreign journal, suggested to us the above remarks, and believing that it may serve to call the attention of others to this interesting subject, we give a brief abstract of the paper, which was read by Dr. BRAIN, before the French Academy of Medicine.

A woman aged 25, of good constitution, became pregnant for the third time at the beginning of March 1856. In the middle of April, vomiting began, and continued, gradually increasing in frequency and violence. About the first of May, the patient was obliged to keep her bead. The stomach soon became incapable of retaining or digesting any thing. Severe gastralgia, thirst and constipation followed, combined with spasmodic movements, profound depression and emaciation. After all remedies which could be thought of had been tried, a vaginal examination showed that the uterus was completely retroverted, and incarcerated in the hollow of the sacrum. It was disengaged from this situation, and placed in its normal position. Immediate relief followed, and the vomiting ceased, to return no more.

It does not necessarily follow that because obstinate vomiting is sometimes owing to a definite source of irritation seated in the uterus, this effect should always follow such local cause. Women in whom there is every reason to believe that the so-called ulceration, or the grannular condition of the cervix exists, may go through pregnancy without unusual vomiting, just as these same conditions are sometimes found after death in persons who never suffered during life from leucorrhea, bearing-down pain, or other troubles usually associated with them; but the fact the two sometimes, perhaps often, stand in the relation of cause and effect, is a sufficient reason why the uterus should always be examined in every case where the vomiting cannot be controlled by general remedies, that any abnormal condition may be rectified by appropriate treatment.—*Boston Journal.*

ART. IV.—*On the comparative value of Amputation at the Knee-joint and of the thigh.*

M. BAUDENS states, in a recent communication to the Academy of Sciences, that the above question is one of those that have engaged his attention during his directorship of the French army in the East. He found that the opinions of all the medical officers whom he consulted, whether in the Crimea, Constantinople, or the military hospitals at Marseilles and Toulon, were in favor of disarticulation of the knee whenever the amputation of the extremity could not be performed below the patella. And, in fact, the disarticulation of the knee has succeeded in a given number of cases oftener than the amputation of the thigh even when performed at the lower third.—But the disarticulation is only to be preferred upon one express condition—viz: that it be performed immediately after the receipt of the injury. Consecutively, amputation of the thigh should be preferred. This second statement agrees in every respect with all that he has observed, written, and taught during the ten years he has been at the head of the Val-de-Grace. The excellent results of disarticulation of the knee, especially recorded in his Clinical Observations upon Gun-shot Wounds, were obtained in soldiers who had just been wounded on the field of battle. This difference is the results derivable from immediate and secondary amputation at the knee joint, depends upon the fact that even in a state of health the size of the bones is not in accord with the amount of soft parts—a disproportion that becomes still greater when the patient has lost flesh during prolonged suffering and abundant suppuration.

In another communication, M. Baudens observes that, although the surgeons of the Sardinian army in the Crimea hesitated to employ chloroform, those of the French army have used it in twenty-five thousand cases without any accident resulting. It was always administered with great care, so as not to go beyond the production of insensibility.—*Comtes Rendus*, t. xli.

ART. V.—*Results of the Quantitative and Qualitative Analysis of Homœpathic Medical Preparations.* By EDWARD H. PARKER, M. D., of New York City. Read before the New Hampshire State Medical Society. (*From the Transactions.*)

During the last two years my attention has been repeatedly called to the drugs used by gentlemen professing to practice medicine, "homœpathically." In consequence of my observations I determ

ined, as opportunity offered, to obtain specimens of the remedies actually used by these practitioners, and sold by various pharmaceutists, and to submit them to an experienced chemist for analysis. This has been done in three instances, with the following results:

The first analysis was made of the contents of two vials marked respectively *Mercurius Solibilis*, and *Arsenicum*. This is their history.

A gentleman with whom I had become acquainted in some business connections, often talked to me of his health, and of the treatment to which he was subjected by a prominent homœpath of this city. Among other powders he showed me some which he was taking, and which I was sure contained a notable quantity of nitrate of silver. He also praised the treatment to which his child was submitted when it had a diarrhœa from teething, or other cause. A gray powder and a white one were given alternately, and the child liked to take them. His wife kept them constantly by her, and if the child had a discharge from the bowels which she thought was a little too loose, she would give her a few doses of these powders. She thought, however, that the blackish powder (*merc. solub.*) did the most good. My friend constantly urged me to try them, for, I think that because I did not rail at homœpathy, but spoke of its practitioners as I would of other gentlemen, he had some hopes of converting me to his faith, than which I can conceive of no more preposterous supposition. Finally, I requested him to procure for me some of the powders he was using for his child. This he did, and I placed them in the hands of Dr. Arthur Du Berceau, of this city, who is a skillful analytical chemist. This is his report:

One hundred parts of which powder, marked *Arsenicum Alb.*, contains 1.111 of *Arsenious Acid*. The remainder is *cane* sugar. The second, marked *Solubilis Mercury*, contains in one hundred parts 11.10 of *Metallic Mercury*. The remainder is *cane* sugar.—The mercury was in the condition of black oxyde, obtained by the reaction of proto-nitrate of mercury and ammonia.

The mother, when told of the amount of mercury and arsenic which she had been giving her child, was horrified, and has since used them less indiscriminately.

At my request, the same friend purchased for me a case of medicines of a homœpathic druggist. It is like those which he ordinarily sells for family use. This I also placed in the hands of Dr. Du Berceau, and he obtained the following result:

In the bottle marked Calc. Carb., 100 parts of powder contain 1.066 Carbonate of Lime.

In the bottle marked Carb. Vegetabilis, 100 parts of powder contain 0.500 fine Charcoal.

In the bottle marked Arsen. Alb., 100 parts of powder contain 1.120 Arsenious Acid.

In the bottle marked Mercur. Solub., 100 parts of powder contain 1.350 Metallic Mercury.

In the bottle marked Hepar. Sulph., 100 parts of powder contain 0.900 Sulphur.

In the bottle marked Stibium, 100 parts of powder contain 0.500 Oxyd of Antimony.

In the bottle marked Sulphur, 100 parts solution contain 1.100 Sulphur.

In the bottle marked Phosphorus, 100 parts solution contain 0.430 Phosphorus.

The fluid contents of the vials in this case, with the exception of the last two in the preceding list, were not examined, partly because I wished to preserve them to satisfy the minds of those who might desire to see for themselves, and partly because it is so difficult to do anything more than to ascertain the quantity of solid matter which remains after the evaporation of the menstruum. The qualitative analysis of organic substances is well known to be one of the most difficult and uncertain of the operations of the chemist. The sugar in these powders was that obtained from milk.

It will be observed, that in this instance arsenic and soluble mercury are the strongest preparations, though the latter does not compare in its amount of metallic mercury with the proportion found in the first analysis. These two remedies seem to be great favorites with homœpathists, being frequently prescribed by them. Why this is we now understand.

About the same time I obtained a set of preparations which had been used by a physician who determined to try his hand at homœpathy, and took advantage of the position which he occupied in one of the dispensaries of New York, to make the experiments.—After his resignation, the preparations which he had been using were left in the hands of the apothecary of the institution, and some of them were selected by me for analysis. They were purchased at a different shop from those which were before analyzed, and the direction given was, that when about two-thirds of the vial in any

bottle (they were all solutions,) were used, the vial should be filled up with proof spirits. This will, perhaps, account for some of the variations in the strength of the preparations. It was found that there was of—

Tincture Silica, in 100 parts 0.025 of Silica.

Tincture of Hepar. Sulph., in 100 parts 0.050 of Hepar. Sulph.

Tincture of Baryta Carbonica, in 100 parts 1.450 Carbonate of Baryta.

Tincture of Calc. Carbonica, in 100 parts 0.500 of Carb. of Lime.

Tincture of Arsenica, in 100 parts 0.025 of Arsenious Acid.

Tincture of Carb. Vegetabilis, in 100 parts 0.050 of Charcoal.

Tincture of Mercurius Solub., in 100 parts 0.100 of Solub. Mercury.

Tincture of Lachesis, in 100 parts 0.025 residue after evaporating the alcohol.

Tincture of Sepia, in 100 parts 0.025 residue after evaporating the alcohol.

Some of these preparations, as the Baryta, Carbonica, contained a thick sediment which carried up the percentage. The other preparations which were left were vegetable, and were therefore excluded from the analysis.

These are all the analyses wich I have yet caused to be made, but they are somewhat instructive. The first two preparations were obtained by the direction of a homœpathic practitioner, and one of those, the *merc. sol.*, is more than one tenth pure mercury, the proportion of the oxyd being consequently somewhat greater. The "arsenicum" contains 1.112 parts of arsenious acid, while the usual form in which arsenic is given, viz: Fowlers solution, contains one-half a grain to each fluid drachm, the dose for an adult being about ten drops.

The second analysis was of drugs sold for "family use," and it is observable that the *arsenicum* is even richer in arsenious acid than the first. The *mercurius* has a much smaller portion of metallic mercury, and yet there is sufficient in it to produce all the effects of this metal when given in small doses. The tinctures accompanying the powders, are so near as I can tell by the ordinary mode of examination, of as great if not greater strength than the corresponding preparations used by physicians. Though contained in small ounce vials, their color is marked—the Rhus Toxicodendron, for instance, being of a deep olive color, as is also the tincture of Dulca-

mara Ipecacuana, aconite, arnica, cantharides, all give tinctures of decided color in these small vials. The aconite, indeed, I have used for patients, and find that it produces the same results that ordinarily follow the use of saturated tincture. Having occasion to use tincture of chamomile, I had some made by druggists, and filled one of the vials with it. The color of the homœpathic preparation was quite as marked as the other. The tincture of *china* which being translated means *cinchona*, is a good, simple tincture of Peruvian bark.

The third set consists of much weaker preparations, and yet here it is noticeable that, excepting the carbonate of lime and carbonate of baryta, *merc. solub.* stands highest in its proportion.

If an average is made of the per centages, of these three analyses we shall have this result: for the first 6.056, for the second .745, for the the third .250. In contrast with these figures others may be put, showing the percentage of the drug which is left, in preparations made according to the directions of Hahnemann for potentizing medicines. The first dilution has in 100 parts 1 of the drug. The second dilution has in 100 parts .01 part of the drug. The third has in every 100 parts .0001 part of the drug. Beyond this it is not necessary to go; though every one remembers how much stress was and still is laid upon high potentization, those who use the thirtieth dilution being considered very moderate. The two hundreth is much preferred by some, and yet the weakest preparation of these three classes, obtained from direct sources, is stronger than the second dilution.

It may be asked how it is that such an abandonment of "potentizatien" should have occurred among homœpathists themselves, for these drugs came from their pharmaceutists, from the shops patronized by all the prominent men of that school in this city. The The question can be answered only by referring to the positions which they now occupy. If these gentlemen are shown such proofs of the strength of these preparations as these analyses afford, or such as the very appearance of their tinctures gives, they will not for a moment deny that we are correct, or that there is anything in this which is inconsistent with homœpathy. They will say they are *homœpathists*, but they are not *Hahnemannists*. O no! not they. How could one be so stupid as to make such a blunder? They believe in the doctrine *similia similibns curantur*, but they do not find that potentization as taught by Hahnemann is borne out by experi-

ence. To be sure, this is no more than the whole medical profession has been saying ever since the absurd doctrine was propounded, and it is no more than common sense teaches; but if one suggests this to them, and congratulates them on their returning senses; he gets very little thanks for his trouble. The fact, however, of this entire change of position should be more generally known and appreciated by the profession than it is, so that we may not waste time in assailing a position which has been entirely abandoned. It is safe to attribute any supposed effect of a decillionth of a grain of charcoal to imagination, but it is not quite safe to attribute to the same influence the effects of five drops of saturated tincture of aconite. Under these circumstances it might happen that a homœpath and a physician would both treat a patient in the same way, their only difference being in their process of reasoning. Both give quinine in intermittent fever; the homœpath because, as he alleges, it will produce in a healthy person similar symptoms; the physician because he believes it will produce symptoms unlike intermittent fever. He is no *allo*-path. It did in fact happen to a friend of mine to be asked to see a patient who was under the care of a homœpath, not in consultation with him, but because he was desired to give his opinion whether or not it was safe to trust the patient still longer under his treatment. The disease was typhoid fever, and he found Spiritus Mendereri and all the usual remedies in ordinary doses, the patient doing very well. He could not but say to the attendant, "if this is homœpathy I am a homœpath." To be sure the physician may write a prescription for *cinchona* and the homœpath may write for *chiua;* or the one for *hydragyri oxidi nigri*, and the other for *merc. solub.;* one for *antimony* and the other for *stibium*, but both mean the same thing, and the patient will receive the same drug.

It is a question of practical interest to the profession to ascertain what there is of good, if any, in homœpathy. Almost every "new school" enables us to gain some profitable suggestions, which repay the labor of sifting them out of a large mass of chaff. The Hahnemannists have tried experiments in the treatment of diseases with nothing which we should not have been justified in making, and they have thus taught us something in the natural history of disease. In their progress from infinitesimals to large doses, it has been necessary for them to conceal the change in their medicines, and therefore they have studied the art of giving medicines in the most

aggreeable, or in the least offensive form, and in this respect we can learn something from homœpathy. The old school of practitioners, who, when called to a patient's house, seemed to make it their first duty to fill it with eight-ounce vials, have not entirely passed away, neither have their abominably tasting compounds entirely disappeared. The big bottles, their table spoonful doses, their nauseous mixtures, have driven and still do drive family after family to homœpaths, simply because it is not human nature to desire to drink such a mixture as tincture of aloes and asssfœtida with castor oil and turpentine in equal parts, a wine-glass full at a time, if almost tasteless water or a sweet powder will accomplish the same good.—To doctors, even, when they fall sick, an agreeable draught is preferable to one the very thought of which stirs them to their lowest depths.

It is not necessary to point out the mode in which concentrated tinctures can be made to supply the place of less powerful preparations. Neither is it necessary to do more than hint at the frequent desirableness of giving small doses often, rather than a single large draught. A few drops of aconite tincture, in water, is vastly pleasanter than even spiritus mindereri or sweet spirits of nitre. The dose of Vorwood's ueratrum viride is much pleasanter than infusion or even tincture of digitalis.

But the lesson is more important with reference to powders. For adults, solid substances can usually be given in pill form, but there is no necessity of rolling them in powdered aloes. To this day I cannot rid myself of the remembrance of the disgust with which I used to swallow pills so coated, and with difficulty convince myself that the druggists now use only liquorice or mere tasteless powders. Still, for these pills we need not select the most bulky drugs. The active principles of plants, when isolated, aid us in diminishing our pills, and will, still more, when their powers and properties are fully tested.

Children, however, do not readily swallow pills, and agreeable powders are often a great desideratum while treating them. A child's life may depend upon his taking remedies willingly and without compulsion. Thorough trituration of the drugs with sugar seeems to accomplish this best, especially if, when it is practicable, the doses are divided, but repeated oftener. The homœopathic dispensatories direct that powders should be placed upon the tongue

and allowed to dissolve, when they are to be washed down with a good draught of water. There is some philosophy in this, for the dissolving of sugar first gives the impression to the nerves of taste, and the water washes down the balance almost untasted. In the minds of children, moreover, the first taste seems to be associated with the fact of taking the powder, while the second and more disagreeable one is not remembered against the dosing. To avail one's self of this fact, it is necessary that the sugar should be reduced to an impalpable powder; otherwise the end is not obtained. If for instance, ordinary crushed or granulated sugar is used, it will be found that it is not an actual powder, but a mass of more or less complete crystals. On mixing a powder with these it either falls to the bottom, or, clinging to the crystals, coats them over. In this condition the sugar is less readily dissolved than when in powder, and in addition, each crystal is covered on its outside with the drug, which is first dissolved and gives its taste to the whole mass. Here, then, is the advantage, and the only one, of the triturations recommended by Hahnemann.—*Am. Med. Monthly.*

ART. VI.—*Hospital Gleanings. Conservative Surgery as regards Limbs and Joints torn by Accidents; Statistics of Resection.*

A true system of conservative surgery, based on observation and induction, must be an object of anxious and pains-taking interest to all surgeons. It is not the mere figures or notes of this or that surgeon that can exclusively decide anything at all in this department. In regard to resection, in particular, what is wanted is a comparative view of all the cases, with especial regard to the hygienic or other conditions unfavorable to the operation. This subject has indeed been just touched on by Mr. Jones, of Jersey, in his comparison of the results of all the London hospitals. The French military department, also, in the hundreds of cases of disarticulations in the Crimea, in the thousands of cases of amputation; and in over a hundred of resections, by carefully comparing one set of cases with the other, and correcting the death rate percentage in resections by the horrible and frightful death rate in amputations, and in the army generally, have also, in their government reports, gone well into the subject, and have done an immensity to clear up the fallacies of what is empirically called conservative surgery. We strive to do more in a resection than in an amputation;

and the Paris surgeons fairly ask, Is that more worth the increased risk? We not only strive to save life, they say, but strive to secure almost a second life, the means by which a patient lives—his leg or arm. We should take care, on the other hand—and the conscientious provincial or London surgeon is right in taking care—of mere figures or statistics, remembering that there is a conservatism that loses a life and saves a limb, or gives us a mere operation; for he is the true conservative (like our friends in the Crimea) who saves both, or at least saves life. In the best set of cases ever published, there are thirty-one resections of the knee, and five deaths. Mr. Syme and Mr. Butcher are our best guides in civil, as the French military surgeons are in military practice. Mr. Syme gives his last twenty cases of amputation of the thigh without one death. We must compare this with thirty-one resections of the knee, and five deaths; but in resections of the elbow there is no controversy at all.

In knee cases, one uses the word "induction" unwillingly. But induction, to be useful, must come after *analogies of cases of another kind*, as well urged by old hospital surgeons. In some ten or twelve knee-joint resections in the hospitals, twelve months old, there is nothing new. We here give some cases of another kind, bearing not remotely on the subject.

In a remarkable case, at present under the care of Mr. Wormald, the man was brought to St. Bartholomew's Hospital with dislocation of the foot inwards; both tibia and fibula were thrown off the astragalus, in the opposite direction. As the experience of St. Bartholomew's, with its magnificent hygienic arrangements, is in favor of assisting nature, even in such terrible injuries, Mr. Wormald reduced the dislocation under chloroform, and for several days hoped he had secured another triumph for the cause of conservative surgery, but he was obliged, ultimately, thirteen days after admission, to have recourse to secondary amputation.

C. B——, aged 34 years, was admitted August 22d. He states that he was driving a coal van, when the hind wheels flew off, and threw him heels over head out of the driver's seat, right smash against the curb-stone. After the reduction of the injury under chloroform, he was treated with beef-tea, eggs, liquor cinchona, etc., varied a little subsequently, (Sept. 1) to wine and quinine. On September 4th, the thirteenth day, it was found necessary to amputate. All that is known, perhaps, of excisions or resections of joints in

cases anything like this one, corroborated very forcibly by the vast statistics of the military hospitals, is that excision is not a milder operation than amputation, as a patient may advance towards death by excision, but then be saved by amputation. "Excision of the knee-joint," according to some very recent observations of Mr. Erichsen, "may be performed in some *selected* cases with advantage, but it can never become a general operation as a substitute for amputation of the thigh." An immensity, as Mr. Wormald remarked in his case, depends on the condition and age of the patient, in all cases, as, a little before, he had a case where the astragalus was laid bare, yet it did well! Excision of the elbow might, perhaps, and ought to be practised in almost all the cases of chronic disease of that articulation, according to Mr. Erichsen, in preference to amputation. He has had eight or more cases, with only one death, and even that unfortunately from pyemia. All operations of the upper extremities form a category by themselves, which cannot be fairly compared with that of cases of the lower limbs. In two cases thus by Mr. Wormald, we find in one all the bones of the foot torn literally away from the astragalus, yet it did well; while in the present instance, not so severe, he was obliged to amputate. Some surgeons, relying on mere statistics, look upon it as a "jumbling" of cases together, when anything disturbs the "vanity of figures," but there is no intricacy or jumble now in the subject, but what can be readily removed by starting from fresh ground.

There is a case in St. Thomas's Hospital, I. Quinton, aged 36 years, of bad compound fracture of the left leg, where Mr. South had recourse to primary amputation by the circular operation below the knee; here the conservatism of a life has repaid the conservatism of nothing else, Mr. South agreeing with an old writer, that it is better to live with three limbs than die with four.

In a child, aged five years, S. C., under the care of Mr. Curling, at the London Hospital, admitted in May, and still under treatment, there was compound comminuted fracture of the femur, which was thought at the time to be a case for amputation at the hip, but as the friends, we believe, objected, (though the recommendation was the very best that could be given), Mr. Curling tried, with great success, to save the limb. The child is quite cheerful up to the present (Sept. 10), and will, in all probability, have a useful limb. Nothing could have saved this case, perhaps, if it were knocked

about in the bad hygienic and atmospheric conditions of the Crimea or Scutari.

In a case of compound fracture of tibia and fibula, under the care of Mr. Solly, in a heavy, rather unhealthy man, a laborer in Woolwich Arsenal, admitted into St. Thomas's Hospital August 16, he has succeeded in saving the limb, at least up to the present date (Sept. 10.)

In another instance or variety of injury, in the London Hospital at present, a woman, E. D., aged 42 years, treated by Mr. Wordsworth, there is a fracture of the internal malleolus alone. The woman says she was going around a corner of a cross street, and slipped off the curbstone, at the same time thrusting out her leg, which was broken. These cases, though not the same as resections, are found to run parallel with the resections, and to throw much light on the subject; showing, in fact, that almost every case differs from almost every other case; that resections of the knee have been all overrated as operations; that the conscientious surgeon will first, as Mr. Skey observes, think of the patient's life more, and of cutting and sawing less.—*Assoc. Med. Journ. Sept.* 13, 1856.

ART. VII.—*Notes made during a recent Visit to some of the Hospitals of Paris.*

LA PITIE.—I found M. Maisonneuve injecting iodine into a large deep seated *accute abscess of the thigh*, apparently connected with the knee-joint, and consequent, I was informed, on an operation for the division of stricture performed by him some days ago. The man had been out of health at the time of the operation, and appeared to me to be in a very precarious state. The canula was left in the wound to afford a vent for the iodine and the pus.

His mode of operating on *strictures* is peculiar. He kindly explained the whole process to me, and showed me his instruments.—He commences with very small elastic bougies, which taper towards the end so as to be scarcely larger than a thread. One of these he contrives to pass through the stricture, however tight it may be. I was told that he shows great dexterity in this procedure, seldom failing to overcome the difficulty in a short time. He has these delicate bougies of many sizes, and to the end of the handle of each a delicate silver worm is attached. When he is conscious that the bougie has entered the stricture, he screws on to the handle of it a

delicate silver tube with a slit along the convex side of the tube.—The bougie is now carried on before the silver tube into the blader, and the tube, following the bougie, enters and passes through the stricture. He next carries along the tube an iron wire, with a delicate lancet-shaped blade appended to it, which projects through the slit just mentioned. This being carried down the urethra along the tube, does not touch the healthy part of the urethra, owing to its size; but when it reaches the stricture, and impediment is felt; and if it be pushed on, it incises the edge of the stricture. This may be repeated two or three times, if necessary. The silver tube, with its wire and cutting blade, is now withdrawn, dragging the bougie after it. The incision of the stricture has made way for a larger bougie, which is accordingly introduced. Upon the handle of it is screwed, in the same manner as the silver tube upon the first bouge, an instrument resembling the "bistourie chaché" of Dupuytren; but cutting in a part only of the length of the blade. This is made to follow the bougie through the urethra; and by it a free division of the stricture is made. A full sized elastic catheter is now introduced and left in the bladder. Two patients, on whom he had operated the day before, were doing well. He withdrew the catheter in each instance, and left it out. The several stages of the process appeared to me to require too much delicacy of manipulation to come into general use. Though it may succeed in the dexterous hands of M. Maisonneuve, I fear it would fail in most others. He told me that in some cases of complete retention and impassible stricture, he had punctured the bladder above the pubes, and, through the aperture there made, had passed a catheter or bougie by the bladder from behind forwards through the urethra to the stricture.—Then cutting down upon it and dividing the stricture, he had succeeded in introducing a full sized catheter by the natural route into the bladder. Other surgeons, he said, had upon his recommendation, adopted the same practice with success. He informed me that he had practiced Syme's operation, but did not like it, preferring the incision from within by the bistoury passed through the stricture in the manner I have described.

To remove *cancerous or cancroid affections of the face*, which are not within easy reach of the knife, he employs long, pointed, slightly curved sticks of caustic, made of chloride of zinc and paste moulded into the required shape, and then baked so as to be quite dry

and hard. He first makes punctures with a bistoury, extending from the circumference of the cancer to beneath its centre, and, inserting the sticks of caustic into them, leaves them. The sticks being nearly as large as a cedar pencil, and placed pretty close to one another, cause the whole diseased stricture and some of the adjacent healthy tissue to slough out as one black mass, leaving a healthy granulating surface behind. I saw one case in which nearly the whole superior maxillary bone, and another in which a considerable part of the external wall of the orbit had been cleared away by this means. Both appeared to be doing well. This is evidently a most effective mode of applying caustic in such cases, and one which enables the escharotic to act at a much greater depth than any other plan that I have seen employed.

M. Maisonneuve next showed me a case in which an *operation for vesico-vaginal fistula* had been completely successful. The patient was a middle-aged woman. The opening between the blakder and vagina had been large, and the case so unfavorable that M. Jobert, at the Hotel Dieu, had declined to operate. M. Maisonneuve began by dissecting the bladder from the fore part of the uterus, then pared the edges of the fistula freely, and finally approximated them with several points of simple interrupted suture. The wound had healed completely, and the bladder held nearly half a pint of water, which I saw him inject into it from the urethra.

Lariboisiere.—This magnificent model hospital has been built within the last ten years, at the enormous cost of £850,000; the chapel alone, not yet completed, costing £16,000. It contains rather more than six hundred beds. It is well situated on high ground near the Northern Railway terminus; incloses a square garden of considerable size; and the several wards run out from the terraces that surround that garden, so that each forms almost a detached building, and is exposed to the air along its two sides and its end. Nevertheless, a complicated, highly expensive, and, I should have thought, almost unnecessary system of ventilation is employed.—The air, conveyed to the lower part of the building from a height through a tubular tower, is, by means of fans worked by steam engine, driven, through tubes which permeate the building, into the wall communicating with tubes that run up, chimney-like, to the roof. Thus a continual current is maintained in the wards. In cold weather, the supplied air is warmed by passing over tubes contain-

ing hot water. The windows were all shut, and the wards struck me as being rather close. I confess that I doubted whether much was gained by this substitution of an expensive and complicated artificial system of ventilation for the simple, natural, and more direct one by windows and doors.

M. Chassaignac was delighted when I told him that I had used his *ecraseur;* that it had been employed by Mr. Terry, of Northampton, and other English surgeons. He remarked that it seemed to be more known, and to have gained more favor in England than in France. He employs it for the removal of the breast, having previously isolated the part by the knife, and in various other cases, more particularly in hemorrhoidal tumours, of which he has removed a hundred with only one fatal result. The unfortunate termination in that case was attributed to the patient's health being indifferent and the bowels loaded before the operation. Hemorrhage rarely occurs. It has happened to a considerable amount in a patient recently operated on, but ceased spontaneously, and the man was doing well. He introduces into the rectum a tubular instrument, from the extremity of which, when it has reached the proper height, a quantity of small hooks are projected, umbrella-fashion. By this the mucous membrane is drawn down and held. He sometimes finds it necessary to surround the base of the hemorrhoid with a ligature, so as to form a pedicle upon which the chain of the *ecraseur* may be applied. He showed me a testicle affected with malignant disease, which he proposed to remove by the same instrument. I learnt at M. Charriere's and M. Luer's, the celebrated instrument makers in the Rue de l'Ecole de Medecine, that a difficulty had occasionally been experienced in completing the division of the part to be removed when it was of large size or was surrounded by thick skin. To obviate this difficulty, and to give greater power to the operator, they have deviced ingenious modifications of the *ecraseur;* with what result it remains to be proved.

M. Chassaignac employs the plan of *cold water dropping* a good deal in the treatment of inflammatory affections. The apparatus is very simple. A can, holding about two quarts, with a small tap by which the size of the stream can be regulated, is suspended at the requisite height above the part to be watered. A man with chronic conjunctivitis, placed his face about a foot beneath the tap and turned a small stream upon his eyes separating occasionally the eyelids so as to expose the inflamed part more fully, and subjecting the eyes

to it alternately. He said he had derived much benefit from the treatment.

Nitrate of silver is a very favorite remedy, M. Chassaignac sponging most of the wounds with the solution and dropping some into most of the inflamed eyes, rubbing the eyelids with his fingers so as to secure the contact of the solution with all parts of the conjunctiva, and singularly regardless of its contact with himself.

For *long sinuses or extensive abscesses*, he institutes drains by means of India rubber tubes, perforated at various parts of their length so as to facilitate the flow of discharge along them. These tubes are carried through the abscess in various directions, and appeared to answer the purpose well.

Small abscesses he opens with a sacrificator, which does its work very expiditiously; and, making two, four, or more openings, gives free vent to the discharge.—*Assoc. Med. Journal*, Oct 4, 1856.

ART. VIII.—*Influence of the Climate of Peru on Pulmonary Consumption.* By ARCHIBALD SMYH, M. D.

The various climates of Peru, as changed or modified by the measure of elevations from the sea, and other local causes, are not merely curious to the meteorologist, but more especially interesting to the physician; they are, above all, important in relation to the development in some localities, and the disappearance in others, of phthisis; this point I shall now endeavor very shortly to illustrate.

1. *What are the Localities or Climates in Peru in which Phthisis is most and least Prevalent?*—This disease is properly a product of the warm and humid valleys of the coast, such as that of the Rimac. And from Lima, where you have an extensive view up this valley, to the loftiest snow-clad peaks of the Cordillera, every gradation of climate is unfolded in the intervening distance, that one would have to pass through, in a voyage of many days, from Callao to Cape Horn. And in the inland glens beyond (as in the oft-mentioned vale of Huanuco), we have noticed how the extremes of climate are brought within much nearer limits than those embraced even in this picturesque and imposing bird's eye view from Lima—especially from the bridge, looking eastward. Nor is there, in all this range of climate, a locality in which phthisis is more prevalent than in the mild and equable temperature of the capital and its immediate environs.

Piura, the most northern province of Peru. though within two or three degrees of the endless moisture and vegetation of the Equator, is yet the most hot and arid in the republic. Its maritime district is also considered the most healthy on all the coast, and remarkably free from pulmonary disease or consumption. In the pastoral sierra —viz : on the lofty slopes and colder plains of the Andes, pleurisy and pneumonia are not unfrequent; and sometimes terminate in the worst manner, by suppuration or gangrene, when left, as usually happens in remote Indian villages, without medical assistance. Phthisis pulmonalis is, I am persuaded by a long residence in these mountain regions, little known to the native population, except as imported to the hill-land from the coast. In those warmer valleys in the centre of the Andes, where the temperature is sufficiently favorable to the growth of the banana and sugar-cane, we meet with frequent development of hepatic disease ; and when the climate is particularly warm and humid, as in the province of Huamalies, on the borders of the Montaner, we even meet with severe examples of ague ; and these situations are but ill calculated to restore the health of a consumptive invalid. I resided for several years in the vale of Huanuco, which—as previously mentioned—is dry, and free of malaria, at an elevation varying, as it extends along the banks of the river, from six to seven thousand feet above the level of the sea, with the thermometer rarely, throughout the entire year, above 72°, or below 66° Fahr. in the shade. But this climate, though equable, did not prove favorable to the cenvalescence of phthisical patients brought there from other parts of the country ; and I cannot say that I ever saw a case of phthisis originate in that locality. In like manner the eold—often damp and variable, and always highly rarified—atmosphere of the mining district of Cerro Pasco, and other localities near the snow-line, is unfavorable to recovery from Phthisis. But Huarriaca, which lies in the descent from Cerro to Huanaco, is very favorable to such recovery, as I had frequent ocaasion to test when at the mines ; whence we usually sent our patients from pulmonary affections to convalesce at this desirable place, distant eight leagues of pretty rapid descent from the silver mines of Cerro Pasco. Huarriaca is in climate very like Obrajillo, on the western slope of the Andes, and is one of those recesses in the Andine glen and defiles very productive in maize, corn or wheat, potatoes, beans, and natural pastures on the heights, as well as cultivated lucern on the

straths. Such, indeed, are the marked localities, blessed with a steady temperate climate, and a dry air of abou 60 deg. Fahr. in the shade, as well as sunny cheerful sky throughout the greater part of the year. Such are the localities where phthisis proper, or tubercular disease of the lungs, is only known as an exotic!

2. *The Proportion of Deaths by Phthisis compared to other Diseases on the Coast of Peru.*—This proportion, for want of satisfactory statistical returns, can only be answered at present in respect to the capital, and even there only approximately. From data before me—let us take the mean of ten years, say from 1841 to 1850, inclusive—the average may be struck at 3,200 deaths annually, of all diseases, in Lima. Of this gross sum, the monthly hospital returns account for 1,700; while a somewhat less proportion—viz: 1,500, are indiscriminately entered in the report of the general cemetery under the title "various diseases." But from the more specific evidence as to details, furnished by the hospital reports, I will here state the average mortality for the ten years, given, in 1,700 cases yearly, as follows:

From fever,	600
From dysentery and chronic diarrhœa,	480
From pleurisy and pneumonia,	160
From phthisis pulmonalis,	320
From sundry other diseases,	140
Total,	1,700

Thus, next to fever and dysentery, phthisis was the most fatal diseases known in Lima up to the first visitation of yellow fever in that country, from the years 1851 to 1854, as described and recorded by me in No. 203 of the "Edinburgh Medical and Surgical Journal," but with which, in our present estimate, we have nothing to do. If it can be shown in this way, that in 1,700 hospital cases of fatal termination annually, 320 of these deaths proceed from phthisis, we arrive at an average proportion for the whole mixed population of Lima admitted to hospital treatment. And further, if we put to one side the indefinite number of deaths from infantile disease, among the 1,500 indiscriminately sent from the different parochial wards of the city, and included under one common head—viz: "various diseases;" there appears no reason why, among the remaining adult population included in the said gross parochial deaths, as distinct from the more detailed and special hospital returns, the ratio

of deaths from phthisis, *as compared with other diseases*, should not be approximately the same as it is found to be in the 1,700 who died in hospital, where the proportion has been pretty reliably ascertained as above, to be about 3 in 17.

3. *In what Stage or Form of Phthisis is it found Curable by a Change from the Climate of the Coast to the Sierra?*—On the coast generally, the most usual exciting cause of pulmonary affection is observed to be some check to the perspiration (*resfrio;*) and not only pulmonary complaints, but rheumatisms, diarrhœa, and fevers acknowledge this origin. It is more particularly in spring that we see the effects of this *resfrio* in hospitals crowded with patients under the unfluence of ferbrile catarrh, pneumonia, pleurisy, and phthisis pulmonalis. When the frame becomes much debilitated, and especially when the patient is convalescing from some prior ailment, it is a familiar event that under these circumstances, incipient phthisis presents itself, in the form of such admonitory symptoms as growing debility, failing appetite, a slight dry cough, feverish pulse and heat, with restlessness and wakefulness by night.

In the dry and sultry summer months cases occur under a different aspect, in which, from the beginning, the gastric system is more ostensibly disordered. The tongue whitish-colored and furred; evening fever and sleepless nights; a short dry cough; depression of spirits, with a foreboding of pulmonary consumption or hæmoptysis on the part of the invalid, are so many symptoms which atttend this form of attock. In all cases, whether originally of the gastric or pulmonary type, the patient or physician must not waste time in the employment of unsuccessful special remedies. And the plain reason of this practical admonition, which indeed amounts to a popular maxim in Peru, is that a change from the coast to the mountain climates, graduated as the case may require, will do more to restore health than all the drugs within their ken; and that, if this easy migration be too long deferred, confirmed as well as hopeless phthisis will be the end of disorders so initiated on the coast.

Bnt though it be here necessary to characterise such examples as the above, in pointing out the introductory forms which phthisis assumes in Peru; yet it is important to bear distinctly in mind, that the most common prelude, as well as attendant, of the Lima phthisis pulmonalis, undoubtedly is hæmoptysis; to which there appears to be a remarkable pre-disposition among all the mixed classes and

races of the population, particularly in the white, Creole, and brown females of preponderating Indian caste. The healthy, full-chested, mountain Indian mother, if engaged in the maternal duty of sucking her young on the coast; often acquires a predisposition to hæmoptysis, to which she has shown no tendency whatever so long as she lived and nursed on the mountains. On the hill-land the ordinary functions of the digestive organs are vigorously exercised; while on the coast, the long-continued influence of a warm and humid atmosphere not only keeps up a relaxation of the skin, but induces a more languid appetite, and a less perfect and healthy action of the stomach and bowels, &c., which soon tells on the whole system. Europeans soon become lazy, and unwilling to take exercise on foot, in the Lima climate; and suffer a great, though gradual; loss of nervous and muscular power. The offspring, especially the male offspring, of the athletic Spaniard, grows up a comparatively delicate man; but the negro race thrive well on the coast, and retain the muscular power of their progenitors. The white family always suffer more or less from a protracted residence in Lima, where congestive diseases are sure to arise in this race; and more particularly the prevaling disorders, hæmorrhoids, blenhnorrœa, dysentery, &c.

Whenever hæmoptysis shows itself in Lima—which it often does in the Creole ladies after an evening party (*tertulla,*) without any previously perceived sign or suspicion of so great a misfortune—the circumstance is always one of alarm.

The spitting of blood may be very slight at first; and attended with a slight cough; and from so apparently simple a beginning, experience and common observation lead the patient, friends, and physicians together to fear the approach of phthisis, unless the hæmoptysis and cough can be speedily subdued. As a general rule, in such cases, phthisis is always suspected to lurk in the background, unless its incubation be promptly checked by a change of climate. The ordinary result is, that those so circumstanced, especially when of the delicately-organized, fair, Creole race, very rarely trust to medicine or to the assistance of the physician, but at once order the mules and other necessary arrangements for a journey to the interior. It is only by this decided conduct that they hope permanently to guard against a future and more formidable return of hæmoptysis, with its phthisical consequences; and they seek at first notice of the disease to insure a full reparation of the

injured respiratory organs, by an adequate continuate in the well-known and appropriated regions of convalescence.

When cases thus inaugurated—which are far too frequent in Lima and other parts of the coast of Peru—go on for a few weeks, not to say months, without decided amendment under medical treatment, we may expect to find on examination positive signs of pulmonary consumption. Now, then, besides occasional returns of hæmoptysis more or less developed, varying from colored sanguineous sputa, to mouthfuls or even cupfuls of blood at a time, there is also more or less cough, soon attended by some degree of pain in the chest; depression of spirits, failure of appetite, with loss of flesh, and lassitude; some notable change in the respiratory sound, or perceptible deviation from the normal murmur, with almost always obscurity of sound on percussion under either the right or the left clavicles. No Lima junta of experienced native or well-acclimated European physicians, would for a moment hesitate to order to the sierra a patient in the condition I have just described. They would deem this transfer of climate as the only security for the patient.

Under such conditions I have witnessed the application of all approved European remedies of every school fully tried, where the phthisical patient was, for one reason or another, destined to run his course on the coast and in the capital, under the eye of able assistance, but always with the same fatal termination.

Cod-liver oil, extensively used of late years, has appeared to alleviate the pulmonary symptoms, by improving the habitual state of the digestive organs, but, as far as I know, it did no more in that country, whatever may have been its success in Europe.

I have sometimes seen cases of pneumonia, imperfectly cured, terminate in chronic phthisis, on the coast of Peru. I have also met with cases of passive and chronic hæmoptysis sustained by pulmonary congestion, or consequent upon heart disease, which never passed into phthisis. But such cases are easily distinguished for the most part, and I may just say in passing, that small doses of spirits of turpentine—say twenty drops trice a day—have been useful in stopping these passive forms of pulmonary hæmorrhage.

In advanced stages of phthisis, attended with opaque and purulent sputa, colliquative sweats, bronchial and cavernous respiration, with all the aggravated symptoms of hectic fever—even in such a

plight, the change from the climate of Lima or the coast to that of the Andine slopes (at modern elevations relatively to the snow line) has been known to prolong life for years, and allow the patient renewed strength to return from time to time to the coast, with marked improvement in general health, as well as in the condition of the lungs, and quite free from fever. But after a few years, such partial convalescents have succumbed to a fresh accession from cold or other exciting cause. But while I state these facts, and could cite individual instances in point, it should never be forgotten that the timeous removal to the sierra is intended to prevent the advancement of phthisis beyond its first initiatory stage in the hæmoptoic form of invasion so prevalent in Peru, or to cause it to retrograde altogether, even from this primary condition. It must be clearly understood, therefore, that I claim the curative effects of the Andine climates, on the broadest grounds of facts and experience, in favor of the early stage only, and not the more advanced periods of pulmonary consumption, when there is, correctly speaking, no sound lung to rescue.

4. *What are the Inland Localities in Peru approved as the Best for Convalescence from Phthisis?*—I shall speak of the localities best known in, and most convenient to, the capital; other inland positions of corresponding temperature will naturally be resorted to from other points of the coast, according to their contiguity. On the Pacific coast of the Corderilla, and by the Pasco road from Lima, Haraway (usually pronounced Yaraway) and Canta are considered the best localities; and Huamantanga is also considered favorable; but Chanta, above all, on this route, is allowed to be most desirable, being about twenty-five leagues from Lima, and at an elevation of 10,000 feet, on a height overlooking Obrajillo, which latter is in a hollow locked in by hills, and about 1,000 feet lower than Canta. Again, by the Zarma road from Lima, Matucana and San Mateo are favorable climates; the former, according to McLean, is 8,026, and the latter 10,984 feet high; and of the two, Matucana is considered the best. But Canta is found preferable to either as a place of permanent convalescence. Cullua, enclosed in a basin-shaped hollow a few leagues above Obrajillo, on the Pasco road, is 12,000 feet above the sea, and corresponds in climate with Chicla, a few leagues above San Mateo on the Zarma road, and at at elevation of above 12,000 feet, according to McLean and Herndon's reckoning. Both these localities are hostile to the phthisical patient.

When it is determined to pass the Cordillera for convalescence this is usually done by the pass of Yauli or by Tucto, to the temperate valleys of Zarma, Jauja, and Huancayo. The elevation at the pass of the Viuda mountain above Culluay on the one hand, and of that of Antarangra (also called Antocona) above Chicla on the other, is nearly equal, as far as can be determined by the measurements of different observers. McLean gives the one at 15,543, and Rivero the other—viz., that of the Viuda, at 15,500; the Viuda being 15,868 feet—just 1,000 feet above the line of glaciers or permanent snow. Across the Cordillera gates or passes (Portachuelas,) the patient, if very weak, is conveyed in a litter, and if his direction be Pasco, he cannot remain there, but must at once pas through to Huarriaca, a climate quite analogous in temperature to that of Obrajillo, only with better ventilation. But physicians from Lima always send their phthisical patients (when ordered across the Cordillera) to Zarma and Jauja as the great sites of convalescence; and on the way to these celebrated localities, Matucana is the favorite resting place of phthisical and hæmoptoic patients. It is at this point, in the headland of the valley of the Rimac, enjoying a mild atmosphere on the confines of the air of the coast and the sierra, and just within the rain line, without being yet too wet or cold, that the invalids alluded to receive the first kindly impression of improving health, and after a longer or shorter stay here, proceeded to those more favorable climates, in higher elevations, beyond the first Cordillera.

I should state expressly, that the extensive valley of Jauja, rather cooler in temperature, and also of a few hundred feet more elevation above the sea than Zarma (which Herndon gives at 9,738), is allowed to have a decided superiority for the recovery of the hæmoptoic and phthisical invalid. The climate of this locality is temperate, and productive of a great variety of grain and green crops. But for the cure of phthisis, the Montana climate, for at least eight months in the year, is too damp, and if the patient be not careful in ordinary ablution—which natives prefer doing when the sun shines—the body is apt to be chilled. Lieutenant Herndon experienced this effect after bathing, and cautions his readers on the subject.

I shall conclude these observations by endeavoring to solve an important problem bearing intimate reference to our present inquiry and which I find suggested in Dr. James Copland's very elaborate

and instructive article on Tubercular Phthisis, recently published in Part 17 of his valuable "Dictionary of Practical Medicine."

The problem I allude to is contained in the following extract:

"Having ascertained the frequency of the disease in the aborigines of a country or climate, it is next of importance to know how far that frequency may be modified, diminished, or increased by change to other countries, either colder or warmer, or of higher or lower elevation, etc., and by the adoption of different food and other habits." [p. 1130, sec. 205.]

I beg the reader's attention to this quotation. I hope I may, without any undue pretension, be allowed to say that I feel not only authorized, but called upon as a matter of duty to record on this head the result of my long experience in different climates of Peru. I shall therefore remark that, as regards the native white Creole and the brown races of mixed blood, this problem may be considered as solved in cases of incipient phthisis pulmonalis attended with more or less hæmoptysis. By change to other countries—for example, to Chile, which is colder, or to Guaquil, which is on the *Equator*, and consequently warmer—the effect on the patient from Lima has been so often tried and found injurious, that this is a change of climate which no experienced resident physician would venture to recommend. But by proceeding inland to the valley of Jauja, at the elevation of ten thousand feet above the sea, such incipient phthisical cases—especially of the hæmoptoic type, as I have defined — are always relieved, and almost always cured, provided the patient remain long enough in the uplands to insure this result.

Time is required to bring about a radical organic change, for when individuals apparently quite recovered in Jauja descend to the coast, and particularly to the capital, within a few months the hæmoptic and other phthisical symptoms have been observed to return, rendering a longer residence in the sierra necessary to insure a permanent cure. A year's sojourn in the sanitary climate of the hill-land is usually considered indispensable in serious cases, which have demanded a transandine climate. Milder cases and slighter indications of pulmonary disease, with tubercular development, often yield to a few months' residence at Matucana, Haraway, or Canta, on the western slope of the Andes, and not far from the resources of the capital.

The unvarying experience of centuries, perfectly relied upon by the natives, proclaims this change from the coast to the sierra climates, to afford undoubted beneficial results to the native white, as well as the diverse shades of brown and olive races of the coast, when laboring under hæmoptysis or pulmonary consumption. The negro is less subject to phthisis, and also reluctant to encounter the bracing air of the Cordillera; his favorite element is the warm and humid air of the coast. The influence of race in the cure of disease is wisely considered by Dr. Copland as of greater importance than has yet been bestowed upon it. In Peru, I found this truth constantly illustrated in practice. For instance, in dysentery, calomel and opium properly and timeously administered, are almost infallible in the Indian race, in the white far less certain, and in the negro cannot be depended upon at all. In yellow fever, turpentine cured as many as fifty per cent. of Indians, apparently in a hopeless condition, being sent to the Lazaretto, as it was believed, in an incurable state; but in the whites, turpentine, as administered by us in Peru in the year 1854, was of comparatively little power; and as for the negroes, we had no opportunity of ascertaining its effects, since in them this malady, so fatal to the whites, was scarcely experienced, except as a slight fever with headache, which by the aid of common enemata passed off in a few days, leaving no bad symptom or dregs of disease behind it.

But as regards phthisis, which we have been considering above, I have always seen cases of the character described by me turn out well through migration to sierra. And I may truly say, that from my own long experience in Peru, and knowledge of these cases, I could easily recount a multitude of permanent cures, also familiar to many native physicians.

This result, as far as the natives are concerned—a goodly mixture and variety of races, we must admit—is simply conclusive matter-of-fact; and now that the communication by Panama is so easy, it may be worth while to test the effects of the Andine climate of Peru on the European phthisical invalid. I had little opportunity to do so with the English under my charge in that country, but as far as my experience went, it was as favorable to the European as to the native Creole. But allowances, no doubt, must be made for different habits of life and other causes. The benefit received by Peruvians in the instances in question are too evident to admit of cavil, nor can the good effects be explained on the score of mere

change of scenery and the pleasures of traveling. All coast-born Peruvians leave the neighborhood of the sea and their native towns —above all, Lima—with extreme reluctance, and look upon sierra as a kind of Siberia—a place of privation and exile. But in spite of all these prejudices and dislikes, when they realize the change of the sierra, they are constantly seen to recover there, under conditions of pulmonary tubercular disease which would undoubtedly terminate fatally, and that very soon, on the coast.

On the mountains, the Limenian habits of diet are necessarily somewhat changed, and the invalids are naturally led to more exercise in the open air; but yet their in-door habits, with their gambling propensities, will ever predominate, whether on the hills or coast. Cards and dice, indeed, are esteemed not merely an amusement, but an indispensable part of a genteel education.

The air of the mountains—in those elevated localities pointed to as suitable to recovery of the phthisical invalid—is free from the malaria of the coast, and (as we have already learnt) clear, light, cool, and invigorating—alike removed from the extremes of cold or heat, and, upon the whole, remarkably equable.

On the coast, they continually drink in abundance cooling acidulated beverages, as lemonades, pineades, &c., and the classes in better circumstances (under the idea that a weakening climate needs strengthening food) use much more animal food than a climate so mild, with an indolent life, would seem to require. Indeed, all grades of the population consume great quantities of lard and pork, and also of fish fried in pans of boiling lard. This kind of cooking goes on in the open squares, corners of streets, and market-places, every evening and morning, for the convenience of the populace or lower classes, who thus feed in the open air at small cost of money and free from domestic trouble. Sweets, pastry, and fruits they eat at all hours, irrespective of their regular meals. On the removal of invalids from such a population to the sierra, the same facilities do not offer. The mountain diet is necessarily more simple, and the habits of life there assumed for the time, are more in unison with those of the rural population of the district.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum, with numerous wood engravings. By T. B. Curling, F. R. S., Surgeon to the London Hospital, Lecturer on Surgery at the London Hospital, Medical College, &c., &c. Second American, from the second revised and enlarged English edition. Philadelphia: Blanchard & Lea. 1856. pp. 419.—(Riley & Co., Columbus.)

Mr. Curling's Treatise on the Testis, very soon after its first appearance, took an honorable position, side by side with the larger work of Sir Astley Cooper. Since then, however, twelve years have elapsed, during which time many new observations have been made and former opinions respecting various morbid changes which occur in the Testis have been confirmed or modified. Especially, during this period, has the microscope assisted in throwing light on many hitherto obscure points, and to a great extent in reconstructing our views of the pathological conditions of disease. From these sources the author of the present work has gleaned faithfully and well, and aided by his own large experience, has placed the fruits of his labor in their proper positions in the present edition, so that the work as it at present comes from the publisher, is worthy of the approbation of the profession as a complete and practical Treatise on the diseases of the Testis. It is almost superfluous to add that the publishers have performed their part in their usual excellent manner. The illustrations are also good and add to the value of the work.

We have not space to enter into an analysis of Mr. Curling's book, or even of the improvements and additions of the present edition. We commend to the special attention of medical men the chapters on orchitis and benign fungus of testicle, and particularly the remarks upon the diagnosis of these affections from those malignant forms of disease with which they may be confounded, in consequence of which error, testicles, (we fear not a few) have been removed, which might, had a proper diagnosis been arrived at, have been found amenable to proper treatment. Such cases are not always easily to be distinguished, it is true, but on that very account it is the more incumbent upon those who may have to treat them to avail themselves of every source of information on the subject.—

The following quotation will illustrate the difficulty felt by the most experienced in such diseases, in forming a correct opinion, as well the course usually adopted by our author:

"In the early stage, however, of encephaloid cancer, the characters of the tumor are so similar to those of chronic orchitis that the diagnosis is extremely difficult, and sometimes we have no other guide on which we can rely than the influence of remedies on the disease. A few years ago a gentleman residing in a midland town came to London to take the opinion of surgeons respecting a disease of his testicle, which had existed eighteen months. The organ was much enlarged, and very hard and heavy, and the vaginal sac contained a small quantity of fluid. His general health was somewhat impaired. He had taken mercury, iodide of potassium, and iodide of iron, and used mercurial and iodine applications locally, but without effect in reducing the tumor. This gentleman saw Sir B. Brodie, Mr. Lawrence, and myself separately. Neither of us ventured to pronounce a positive opinion of the nature of the disease but we were inclined to regard it as malignant. As it appeared that the mouth had not been made sore, a further trial of mercury carried to salivation was recommended, and if the enlargement did not subside under this treatment, we all agreed in advising castration. The disease, which I presume was chronic orchitis, subsided under mercurial treatment, and the patient was cured in three months."—p. 235.

The benign fungus was, until recently, confounded with malignant fungoid disease. Our author remarks it may be distinguished very easily by a well informed surgeon:

"The granulating character of the protruding mass, its consistency and the absence of bleeding, plainly indicate the nature of the swelling. The circumstance, too, that pressure on the Tumor causes the ordinary pain of a compressed testicle, whilst in malignant disease, force so applied produces no such sensation, will further assist in the diagnosis.—p. 236.

All means will sometimes fail for the cure of Orchitis, and as a last means of lessening pain and suffering, the gland must be removed. "But no surgeon," says our author, "would think of resorting to castration till after a persevering trial had been made with the usual remedies for the reduction of chronic inflammation of the gland."—p. 246.

Mr. Curling places his chief reliance in mercury for the treatment of Chronic Orchitis. The patient is to be kept under the slight constitutional influence of that remedy, "until all swelling has subsided, and the induration is nearly removed, which takes place slowly, and usually occupies four or five weeks."—p. 237.

This treatment, so efficacious in Chronic Orchitis, will, of course, be quite the reverse of appropriate for tubercular disease of the Testis. Mercury will, in the latter case, be of positive injury. The distinction between the two diseases, not always readily made, is therefore of great importance.

"The strumous differs, however, from the chronic inflammatory swelling in being more indolent; in making even slower progress, and being attended with still less pain and inconvenience; in the irregular surface and smaller size of the swelling; and, when the epididymis is attacked, in the globus major being the part principally affected, instead of the lower part, which is usually first enlarged in chronic inflammation. The diagnosis, however, may be extremely difficult, as in both cases the changes in the gland or in the epididymis are liable to be masked by inflammatory effusion in the tunica vaginalis. It is of much importance to make a right distinction, for the remedies proper for orchitis, if given in tubercular disease, may do considerable harm In one case of error which came under my notice, phthisis was rapidly developed at the conclusion of a course of mercury. The disease may be distinguished from malignant enlargements of the organ by the smaller size, uneven surface, and more indurated nature of the swelling, and by its very chronic progress. In all cases, the judgment of the surgeon will be materially assisted by his noting the general characters of the constitution, and whether there is any concomitant affection of other parts."—p. 259.

Iodide of Potassium, in addition to tonics, exerts a more beneficial influence in this affection than any other remedy.

In encephaloid cancer of the Testis, when castration is recommended, a question always arises as to the probable period of the recurrence of the disease. Several cases are given where the interval was prolonged to several years, during which immunity from previous pain and suffering was enjoyed. The following table of 23 cases is also given to show the length of time between the operation and the re-appearance of malignant symptoms:

From	3 months	to	6 months	7
"	6 "		12 "	2
"	12 "		18 "	4
"	18 "		2 years	5
"	2 years		3 "	4
"	4 "		10 "	1
		Total		23

While, therefore, castration can only afford temporary relief of uncertain duration in encephaloid Cancer, it is a certain termination of cystic disease, and should be performed as early as the surgeon can satisfy himself that other remedial means are no avail. After its

removal, the morbid growth should be submitted to the microscope, "and if no cancer cells be found, or if the cysts contain tessellated epithelium, he will be able, with some confidence, to assure his patient of his permanent recovery and immunity from all risk of a relapse." p. 287.

For the radical cure of *Hydrocele*, our author employs Iodine injections first introduced by Mr. Martin, a surgeon in the East Indies. He uses an injection of the following proportions: Iodine ℈ij. Iodide of Potassium ʒss. Spirits of Wine ʒi., injecting from two to three drachms, and allowing this to remain for five minutes when the greater part is to be withdrawn. Merely as a palliative treatment, *acupuncture* of the *Tunica Vaginalis* appears to prevent reaccumulation of the fluid longer than any other means.

If our space would allow, we would gladly follow our author in his descriptions and treatment of the other diseases of the Testis.—We can only add to our testimonial of its worth by recommending those who wish a good book on this subject, to go and buy a copy of Mr. Curling's Treatise. R. G.

Human Physiology, Statical and Dynamical; or the Conditions and Course of the Life of Man. By Jno. Wm. Draper, Prof. of Chemistry and Physiology in the University of New York. Illustrated with nearly 300 Engravings: New York, Harper & Brothers, Publishers, Franklin Square, 1856. (For Sale in this City).

This book was laid over at our last issue for want of room to give it a notice. It is a *new* work, and we regret that we have not space or time to examine it in detail. The basis of it appears to be the Lectures of the author in the School with which he is connected; and he gives as a reason for issuing the work that Students of Medicine require something more condensed than what is found in the text books now before the profession. Notwithstanding he has been at the trouble to get up a Treatise, he frankly acknowledges that beyond the suggestion of a trifling fact or idea here and there, the matter presented is not original, but derived from other sources, his reading for many years of the chief works of Physiology and its kindred subjects.—He justly remarks, that the science of Physiology is the result of the labors of thousands of the ablest men continued for centuries.

The wood cuts, illustrating the text, are mostly taken from other works; some, however, are original, and have been obtained by the

aid of Microscopic Photography, a plan which seems to be destined to render important service to science as well as art.

The material which makes up Physiology the Author arranges untwo heads—*Statical* and *Dynamical.* Thus divided into these two branches, Physiology, in all its aspects, is considered. The Science therefore consists of the *weight* of things and the *motion* of things. All else the author ignores as calculated to mystify. He wants nothing to do with such terms as *'plastic power,' vital force,'* etc. When taken into the account they thwart all the efforts to get at the truth, and are the cause of all the empiricism in the country. Give us, says he, definite ideas of the Science, such as can be appreciated and at once it will take rank among the Positive. The food, air, and water taken into the system in a given time must be weighed the fæces, urine, expired and transpired matters must be weighed. Then the processes of circulation, nutrtiion, secretion and innervation must be regarded in only one point of view—that of their dynamics, or motion. The 3000 pounds of food, air and water, annually taken into the system of an ordinary sized individual, who does not change in weight, and which must pass out of the system in exactly the same quantity. though of different form, does not establish anything new in Physiology. It only shows that the supply and waste of an adult individual are exactly balanced—so much fuel, and we have so much in the way of steam, smoke, ashes, etc.

That Physiology may be interrogated under these two aspects so that it will reveal some truth, no one for a moment will doubt—statics will unfold, if properly invoked, phenomena that have been enshrouded in mystery. The quantity by weight of the matter which supports the system, and the quantity by weight of what leaves the system are very essential, but do they teach any more in regard to the human system than they would if a steam-engine was under consideration. The same may be said of *dynamics.* It is very proper that we should know something of the different currents of fluids that traverse our bodies in every direction, something of the movements of muscles—something in short of the *motion* connected with the fixing of particles of matter in the system, something of the motion of this same matter in the disentegrating process by which it leaves the system, and at last something of the motions occasioned by its presence in the system—secretion, respiration, nutrition, innervation.—But after all, would this kind of information amount to any thing more than knowing the number of revolutions that a ca r we

makes in a minute, or how many steps a short legged man must take in going a mile. Such knowledge does not compass physiology. It is only so much data that may become subservient to the inquiry—the gems not even seen by its light. To us the plan smacks so strongly of the the mechanical so much in vogue in the 17th and the early part of the 18th centuries, that we were on the point of accusing the author of having made an attempt to renew an "Old Theory." If, however, he will look into Quincy's Lexicon, London Edition, 1730, and into Bellini's Mechanical Account of Fever, London, 1720, he will find much that will refresh, elaborate and strengthen his opinions. From the latter work we subjoin the following on the circulation of the blood:

"When the blood flows out of the left ventricle of the Heart, its force through each trunk of the great artery, will be as the whole *Momentum* of *velocity* communicated to it from the heart; but its velocity through the whole length of the Arteries will be only as the excess of that *Momentum* above the resistance of those arterics.

Again:

"That *Power* by which the Nervous liquid is derived from the glands in the Brain, and set in motion forwards, is a *pressure* arising from the dilatation of the arteries woven through the Pia mater, and intimately interspersed through the whole substance of the Brain."

Again:

"The *Tremor* or *Vibration* of a Nerve, and the *Undulation* of its contained liquid is as the *Momentum* of the contractable muscles or the impression of external objects."

"What then is man," exclaims our Author. "Is he not a mechanism, the parts of which are unceaslingly taken asunder and as unceasingly replaced?"

A few years ago, as all know, the Chemists took charge of Physiology and undertook to explain all the processes of the animal organism upon chemical principles. The "*vital principle*," "*forces of vitality*," etc., with them, like with the author before us, were only calculated to make obscurity doubly obscure. They wished nothing but chemical terms and asserted the entire competency of these to set forth every thing known or that was worthy of being known.—What then is man, ask these philosophers, but a compound of the metalloids, oxygen, hydrogen, nitrogen, carbon, with almost all the elementary substances found in nature? Is he not the temporary result and representative of myriads of atoms that are fast passing through states of change? The appearance of corporeal identity which he presents, they continue, is an illusion. As soon as he be-

gins to breathe he begins to die; an atom has scarcely taken up its abode in the organism, has scarcely had time to "take lodgings," and get things comfortably fixed about it, until it is not only called upon to shift quarters, but perhaps to "give up the ghost." *Life* with this sect is dwarfed into that of being a mere chemical condition. The old idea that it is a real identity, breathed into the nostrils of the first man and successively into that of every one who has since lived, is a vulgar antiquated humbug. It is, something they continue, as having no claims whatever to the character of a cause, it is a mere effect, a result of the actions and reäctions of the atoms of which the body is made up.

From time to time we have watched the progress of this hypothesis and the conditions upon which the better minds of the age have connected themselves with it. By most of the distinguished chemists, we are happy to say, it has been but provisionally adopted. They see something in man more than what can take place in a chemical laboratory, and while they insist that the atoms, in taking the form of compounds in the system to enter into the formation of organs, observe the laws of chemical equivalents, they yet recognise a force or power overruling all and modifying all to which they apply the term *'vitality'*—a force without which the chemical movements and processes found in connection with the economy could not take place —a force on the withdrawal of which the human form at once drops into dust.

Why, now, should this same thing to which we have been alluding, be ignored by those who undertake to explain the processes or functions of the human body. Mechanics may be invoked, Chemistry may be invoked, and both, when kept in their proper place, will assist very materially in the progress of the inquiry. Neither however, nor both, can occupy any higher position than as mere auxilaries. To comprehend the matter thoroughly involves an acquaintance with the habitudes and the powers of vitality. Until this is comprehended our information on the subject of Physiology must remain imperfect.

It has been said, and very truly, that an animal creates nothing; it only transforms the substances it receives. The food, the water and atmospheric air taken into the system act and reäct upon each other, and this series of movements should be regarded, it is contended, as purely chemical. Now, admitting that no atom makes a move in the system except in accordance with chemical laws, does this do anything towards explaining how it is that these atoms are

arranged for the purpose of forming a bone, a gland, or a blood cell? Then again, it may be inquired, if chemistry is to solve every thing, why is it that

"Peculiar pores peculiar juice receive
To this deny to that admission give."

Why is it that one gland separates bile, another urine, another milk? These are all Physiological processes coming in the range of inquiry, but what can statics, dynamics or chemistry mechanics do in their solution? Somebody has intimated that the difficulty which lies in the way of our comprehending these processes, and others of similar character, does not relate to the weight of the elementary particles, nor to the motion of these, but to the manner in which they are arranged with each other. This, if true, however, offers nothing in the way of solving the problem.

We can appreciate what goes into the system as food, air, and water, and we can appreciate what comes from it as urine fæces expired and transpired matters, but of the changes which have taken place in the system our knowledge is extremely limited. We know nothing of of the process by which the atoms are made to live, nothing of their diseases and death. A dark speck in a portion of blastema, that the Microscopist calls a granule, makes its appearance. At first, he thinks it a mere globule of oil, but soon it changes its form, a membrane sprouts from its circumference and at last encloses it, giving rise to a *nucleated* cell, a minature organism that exhibits phenomena totally different from any thing that can occur in the inorganic world. To what now are these changes in the granule due. Or what would the information amount to, to know the weight of the granules or its motions, compared with that of knowing the force by which it was developed, and that limited it perhaps to the independent existence of a cell, or made it the germ from which a Haller or a Harvey was produced.

We can not pursue our author in this inquiry further, but proceed to notice some of his points in regard to the moral nature of man. He seems not to be content with an elaboration of the ordinary topics that go to make up Physiology—the physical functions, as they may be termed, but takes up matter not often very much descanted upon by medical men. All medical inquirers now agree in regarding the brain as the seat of intellection—the organ upon the movements of which the faculties of the mind depend, and while the Phrenologists are regarded as having made a failure in attempting to locate the seat of the faculties under certain eminences found on the

exterior of the cranium, the results of trust-worthy observations, and experiments upon inferior animals, establish the fact that portions of the brain perform different functions. The corpora striata give origin to the nerves of general motion; the thalami nervorum opticorum give origin to the nerves of general sensation; and each one of the nerves of special sense derive its ability to take cognisance of sensible objects from the gray matter located in the base of the cerebrum, and in the medulla oblongata; and lastly, it is in the gray or cellular matter mostly upon the exterior of the cerebrum that we have those intellectual operations of the mind going on, to which we apply the term *'reasoning.'* Recent research warrants more. It seems to be true that the portions of the nervous centres giving origin to nerves of motion, are inert with reference to every thing else; that those portions which give origin to nerves of special sense are inert so far as general sensation or motion is concerned. The *optic* nerve, as a consequence, takes cognizance of objects submitted to the eye; the *auditory* of sonorous bodies, etc., and neither of them have the ability to appreciate any thing else. These things we can understand. Light was made for the eye, and the eye is constructed into an apparatus for vision. Sound was made for the ear, and we have the ear constructed for hearing. All this connects the individual with material nature—the objects with which he is surrounded, and upon which his existence, as an animal, in a great measure, depends. But who would have supposed that there was any analogy between these relationships, and those that pertain to the *Soul?* The following are the views of the author:

"If the optical apparatus be inert, and without value, save under the influence of light; if the auditory apparatus yield no result save under the impressions of sound—since there is between these structures and the elementary structure of the cerebrum, a perfect analogy, we are entitled to come to the same conclusion in this instance as in those, and asserting the absolute inertness of the cerebral structure in itself, to impute the phenomena it displays to an agent as perfectly external to the body, and as independent of it as are light and sound — and that agent is the SOUL.

"Some one, perhaps it is Descartes, once proposed the *pineal body* as the seat of the soul. This, as all anatomists know, is a small bit of cerebral matter, situated deeply in the substance of the brain, immediately under the *fornix*—it is about half the size of a pea.

Plato, the type of all thinkers, proposed to himself the double inquiry: "What was the state of the soul before its union with the body? and what will it be after death?" Descartes, taking it for granted that the most of the cerebrum and cerebellum were occupied with other processes, and finding no particular function set apart for the *pineal* body, lit upon the fortunate thought that it was the seat of the soul. Plato seems to take it for granted that the soul has an existence before its union with the body, and in this respect between him and our author there is no difference. Plato, however, proposes a query touching its locality before being united with the body. Our author, rather by implication, answers this question. He would say it occupies the atmosphere *outside* of the body, just in the same way that light and sound do—ready to impress the organism as soon as the cords are in a condition to vibrate. Our author tells us that he has made suggestions in regard to the interrogation of physiological phenomena, that if heeded, would banish quackery and empiricism from the land. Is this doctrine in relation to the locality of the soul outside of the body one of them?

Can we give our author credit here for originality? The old pantheistic theory in regard to the soul, and that has obtained great currency among the Asiatics, is that it is a part of Diety, and therefore devoid of form. According to this theory, it occupies the same relations to the body as light does to the eye, sound to the ear, etc.

Now with reference to this subject, it seems to us that the author has committed a blunder in introducing it into a Text book—and that too, into one that professes to have given such a turn to physiological inquirers as to place the department upon a footing with the Positive sciences. That the soul has an existence separate and apart from mind, or intellection, is what has not yet been made out, nor perhaps never will be. A very learned theologian of the day, and who has made the subject a matter of special study, failed to give, in an effort that we had the pleasure of hearing him make, an intelligent definition of the soul. His view was that the soul had nothing to do with the intellect or with the organs concerned in the manufacturing of ideas, but that it related to the passions was the *regulator* of the passions. The effort amounted to nothing, and so must all others of similar character. Where a subject is placed entirely beyond the reach of human powers, it is idle to speculate upon it,

and of very questionable propriety to introduce it into a work that professes to teach first principles. By the common consent of physicistians, the soul has been transferred with all its appendages and appurtenances to the sacerdotal order as ranging most properly with the subjects over which they have assumed control, and with their exposition of it we can do no better than to abide.

We must here close our notice of this book for the present. The reader interested in physiology will find in it much that rests on nothing stronger than assumption, probability or sophistical reasoning; and he will also find, from the lucid style of the author, his arrangement of many things, and the air of originality with which many of its chapters are impressed, ample compensation for the time spent in its perusal. It is a fascinating book, and the author shows in every line of it how deeply he himself is imbued with a love of physiological inquiries.

A Treatise on Therapeuties and Pharmacology, or Materia Medica, By Geo. B. Wood, M. D., late President of the American Medical Association; Professor of Theory and Practice of Medicine in the University of Pennsylvania; Author of a Treatise on the Practice of Medicine, etc., etc. In two volumes, pp. 901 and 840. Philadelphia: J. B. Lippingcott, & Co., 1856. For sale by Riley & Co.

The author of this work has been engaged for a long time in teaching Therapeutics and Materia Medica. Indeed all of his professional life anterior to 1850, at which time he was transferred to the chair of Theory and Practice, has been spent in cultivating a knowledge of this department and teaching it to others. His name for a long time has been before the profession as one of the authors of the U. S. Dispensatory. The following, from the preface, we insert as explanatory of the character of the Treatise.

"A few words of explanation may be necessary to a correct appreciation of the character of the Treatise. Though aiming at considerable fullness in all that concerns the effects of remedies, the nature of their operation, and their therapeutic application, it has no pretension whatever to be considered as a complete exposition of the Materia Medica, properly so called. Of the natural and commercial history, the sensible and chemical properties, and the pharmaceutical preparation of drugs, the author has endeavored to select such parts as are of direct and immediate interest to the medical practitioner, and without a knowledge of which, he can

scarcely be said to be prepared to enter upon the duties of his profession. All, therefore, that is said on these points may be considered as, in the opinion of the author, requiring the particular notice of the student. He has given much attention to this branch of the subject, in reference both to the general value and the accuracy of the facts stated; having, in many doubtful instances, practically verified their correctness. In the prosecution of investigations for this purpose, he has pleasure in acknowledging his indebtedness to Professor William Procter, Jr., who has, at his suggestion and request, performed many experiments in relation to the chemical properties, reäctions, and incompatibilities of the medicines described.

The work will not be found rich in formulæ. Nothing would have been easier than to attach numbers of prescriptions to every important medicine described. But the author has always considered that a multiplication of these precise combinations is productive of much more injury than good. It leads to an indolent reliance on mere authority, by sparing the trouble of thought; and greatly conduces to an empirical and routine practice, neither creditable to the physician, nor profitable to the patient. The author has preferably sought to give principles, by which the physician himself may construct formulæ, suitable to each special occasion. He has endeavored to point out, in reference to each medicine, the peculiar circumstances which render its use appropriate, and the modifications in dose or form which it must undergo, to adapt it to the varying circumstances of different cases, or of the same case at different times. He has also called attention to the medicines with which, in each special case, it may be appropriately combined, to aid or qualify its operation. With this knowledge, and that of the pathological condition to be corrected, the educated physician will be qualified to form much more appropriate associations or combinations of medicines, and to regulate much more correctly the proportions of the several ingredients in correspondence with the indications, than any formulary can possibly do for him; nor can any medical man be considered as duly instructed, until he is capable of constructing such formulæ for his own purposes."

The work is divided into two parts—General Therapeutics and Pharmacology—and Special Therapeutics and Pharmacology.

The 1st chapter is taken up with *the Operation of Medicines.* This is a place at which many writers of systematic treatises exhibit their weakness, going off on some favorite theory, and ignoring all the facts that cannot be tortured into a support of it.

The author's long acquaintance with the subjects of Therapeutics and Materia Medica, we observe, has qualified him to make a very philosophical survey of this controverted ground, setting up the proper stakes, and blazing the lines from corner to corner. Time was, when, by the influence of a few minds in our country, a very partial view was taken of the *modus operandi* of medicines. It was

thought that medicines never entered the circulation, but produced their effects by acting on the solids of the organism. Books have been written in support of this theory, and no small amount of effort has been expended to give it currency.

Under the head of the *Primary Operation of Medicines*, the author gives the evidences that go to sustain the position of their operation through the *Circulation*. With the most of this the reader has been made familiar by books which have for some time been in the hands of the profession. The author, however, is entitled to the credit of having stated the points so as to make the right kind of an impression on the mind of the student. This evidence was incomplete, and on this account was trampled under foot by the Solidists, until chemistry came forward with a host of facts, supported by the most accurate experiments. Chemistry, in innumerable instances, detected medicinal substances which had been taken into the stomach or applied to other parts of the body, not only in the respiration, saliva, urine and other secretions, and in various solid tissues, but in the blood itself. Indeed, it has been remarked by the author, that the list of substances which have been thus proved to have been thus circulated through the system, is so large as to authorize the inference that all medicines capable of extending a direct action beyond the original surface of contact, may be absorbed and carried with the blood to the part or organ which they affect. For some time some hesitated to credit this kind of operation, from the circumstance that the effects of medicines and poisons are often so rapid as to preclude the idea of their having been absorbed and carried to the seat of their action by the ordinary route of the circulation. Recent experiments, however, by proving the extreme rapidity with which the blood makes a complete circuit in the body, seem to have invalidated the objection. Those who are conversant with the works on Physiology, will recollect the experiments of Prof. Herring, and also those of Prof. Blake, of the St. Louis University. These experiments show that a ferrocyanuret of potassium, injected into the jugular vein of a horse, may be detected in the opposite jugular vein, in a period of time ranging from twenty to thirty seconds. Indeed, these experiments establish the fact that a poison or a medicine does not require more than a half a minute, after it is introduced into the system, to make a complete round of the circulation.

We turn to special Therapentics and Pharmacology to see how the author demeans himself with reference to certain remedies, with re-

gard to which the medical mind seems to be in an unsettled state.—A few years since there were but few diseases involving any thing like a moderate grade of vascular excitement, but that bleeding was among the leading remedies, such as all know is not the case now. On this matter, the author remarks as follows: "There is no remedy more important than this; perhaps none which so frequently saves life." Again:—"The practitioners who reject it, and oppose their own prejudices or fears against the experience of all ages, not only deprive themselves of a most important agent for good, but assume a responsibility which might well make a conscientious man shudder. Though never one of those who might be considered as a special advocate of the lancet, I fear that in the re-action from a too indiscriminate and reckless use of it, the profession is now in danger of erring in an opposite direction." With the author's general views of the remedy we are well pleased. That it is *the* remedy in Inflammations occurring in a full habit, and connected with a high grade of vascular excitement, there is no doubt. But to the author's therapeutic application of the remedy, exceptions might be taken. In Fevers, with high vascular excitement, when idiopathic, and due without doubt to the presence of a poison in the blood, the author regards bleeding as not only useless, but it may be injurious. But he says there are two circumstances which in febrile affections render the lancet advisable. When the fever is symptomatic of a special inflammation or vascular irritation, bleeding is often called for in reference to the local disease. Again, when the febrile movement ceases or is attended with a local inflammation or determination of blood, which endangers the safety of some important organ, bleeding is indicated. We are not certain that this doctrine is good. The inflammations or congestions here alluded to, and which turn up during the course of a fever, are the result, not of excess of blood, but of want of equilibrium in the circulation from deficiency in amount and alteration in constituents. How then can a measure which still further diminishes the quantity of the blood, be the remedy? All physicians of experience in the treatment of typhus and typhoid have doubtless once in a while acted on the views of the author, but who can assert any thing in their favor? Would it not be better here to trust to mustard blisters, etc.; and perhaps put the general system under the influence of stimulants? An organ might, by the author's plan, be rescued, but the body might *also* be sacrificed.

"*Hemorrhages,*" says the author, "are often nothing more than a result of vascular irritation or active congestion of the bleeding tissue and in all such cases bleeding is indicated." We should like to have heard the author more at length on this topic. A few years since, the practice was current to bleed in pulmonary hemorrhage, and a writer as late as WATSON not only endorses but recommends the measure, whenever connected with tubercle, and details at length the condition of the pulse rendering it proper. BARLOW takes the right ground in saying that it is scarcely, if ever, necessary—thehemorrhage itself being adequate to relieve the local congestion.

Here we must close our notice of this very valuable work, a work peculiarly well adapted to students, as presenting the essentials in a lucid manner and containing, in the general, a very excellent digest of the subjects it discusses.

The Musci and Hepaticæ of the United States, East of the Mississippi River, Contributed to the Second Edition of Gray's Manual of Botany. By WM. S. SULLIVANT, of Columbus, Ohio, President of the Board of Trustees of Starling Medical College. With Eight Copper-plates, illustrating the Genera. New York: Geo. P. Putman & Co. 1856.

We have received a copy of the above work from its author, Mr. Wm. S. Sullivant, of this city, to whose labors in this department of Natural Science the world is very considerably indebted. Here is a field that, according to the author, is as yet but partially explored. To the young naturalist who has the ambition and industry to engage in it, there is still the material for a brilliant reputation.

The following on the scope of the work we insert from the Preface:

"The following pages are designed to contain brief descriptions of all the Musci and Hepaticæ hitherto detected in that portion of the United States lying east of the Mississippi river. A few species found elsewhere, either new, or having a geographical range heretofore unnoticed, or for some other special reason, have also been described; namely, those from Texas and New Mexico, and also several from near our northern boundary, and likely to occur within it.

The territory within the limits adopted--extending, as it does, from 25 deg. to 70 deg. North Latitude, and traversed for nearly its entire length by mountain ranges, reaching, at several points in their northern and southern terminations, an alpine elevation--presents conditions favorable to a copious and varied muscological vegeta-

tion. And if the number of species here recorded is not so large as that found in an equal area similarly situated on the Eastern Continent, it must be borne in mind that our Bryology and Hepaticology (particularly the latter) have thus far been very imperfeccly investigated. Scarcely any portion of our country, excepting Central Ohio, has been carefully examined. The mountain ranges have only been cursorily visited by a few interested in these branches of Botany. In the northern section, notwithstanding numerous discoveries made by the late Mr. Oakes, and the more recent ones (among them a *Dichelyma*, a *Tetrodontium*, and an *Atrichum*) by Thomas P. James, Esq., there will doubtless yet be detected many other well-known European species, not a few of which have already been collected in British America by Drummond.

The southern section has been even less carefully explored, and offers a promising field for future discoveries. Among the recent accessions to our Flora from this quarter are an *Orthotrichum*, a *Fissidens*, and several *Bruchiæ* and *Fabroniæ*, gathered by H. W. Ravenel, Esq.; also some fine *Sphagna*, an *Anomodon*, a *Fontinalis*, and a *Macomitrium*, brought thence by our friend, the excellent bryologist. M. Leo Lesquereux.

No portion of our territory has contributed so little to our Bryology and Hepaticology as the Florida peninsula, which in this respect still remains almost a *terra incognita*: its only known species, *Pilotrichum cymbifolium*, like *Meteorium pendulum* from Western Louisiana (whence novelties may also be expected), is thoroughly tropical in all its characters, and gives promise of new and interesting forms to reward future explorers."

A Review of the Present State of Uterine Pathology. By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians; Physican-Accoucheur to the Royal Free Hospital, &c., &c.—Philadelphia: Blanchard & Lea. 1856. pp. 75. (For sale by Riley & Co., Columbus.)

None who have watched the progress of Uterine Pathology in the last few years, will dispute the truth of Dr. Bennet's opening remark in the work before us:

"Unfortunately for the medical community, and still more so for the numerous females suffering from uterine symptoms whom its members are called upon to treat, the greatest diversity of views respecting uterine disease still obtains amongst those who are looked up to as authorities. Not only is this the case in England, but also in France, where uterine pathology has occupied so much of the attention of the profession during the last twenty years, as is proved by the late discussion at the Paris Academy of Medicine."—p. 1.

Doubtless, when Dr. Bennet first gave to the world the result of his investigations with the speculum, and described the *ulcerations*, he thus discovered in the *Cervix Uteri*, he little imangined the terrible turmoil so simple a procedure would initiate. The contest has been waged with as much earnestness, (not to say ferocity,) as ever the factions of the *Big-Endians* and the *Little-Endians* displayed in their terrific wars, and oftentimes the points in dispute have been of equal importance with those which brought into warlike collision these mighty armies.

The first flash of war was from Dr. Bennet, ten years since, when he published his work on *Uterine Inflammation*, a work in which he asserted the importance of Inflammatory action, as the explanation of various morbid states of the uterus — described the *ulceration* of the neck of the Uterus, and insisted upon the necessity of instrumental and surgical treatment in such cases. These views were illustrated and supported principally by his own experience. A valiant enemy soon appeared in the person of Dr. Robert Lee, an author and accoucheur of distinction, who denied the existence of such inflammatory ulceration, "neither in the living or dead body, except of a specific character, and especially scrofulous and cancerous." He brought heavy artillery to bear, no less than the examination of 708 uteri by Dr. Boyd at Marylebone Infirmary, and of 900 uteri by Messrs. Hewett and Pollock, at St. George's Hospital, in which they did not observe a single example of simple ulceration of the os and cervix. Fierce and long were the contests between these two stalwart champions, with varying results. The fight soon became more general. While Dr. Bennet was repelling his formidable antagonist, Dr. Tyler Smith commenced a movement in another quarter.

Admitting that there were granulations, which may secrete mucus or pus abundantly, they were, nevertheless, not *ulcerations*, there was no solution of continuity. They were *excoriaions, abrasions* or *granulations*. Thus, Dr. Bennet was between two fires. Next, Dr. West appears in the field, apparently pitching into all sides. After examining uteri, both living and dead, he finds that ulceration exists in one half or thereabouts. That gun is aimed with fatal effect at Dr. Lee, and demolishes his tables effectually. Then he proceeds to attack Dr. Bennet, by the following strategic plan: "The very frequency of their occurrence (*i. e.* ulcerations,) instead of substantiating the opinion, that they are of great importance, rather militates agains that supposition." Thus, Dr. Lee urges, that they are of no im

portance, because so *few*, and Dr. West agrees to their trivial nature because they are so *many*. Meanwhile, a guerilla warfare is kept up by the squad, who see all disease in the ovaries. Their fires are, however, but feeble, and soon exhausted. The same is the case with another larger and more respectable band, who have the displacement of the Uterus as the only fons et origo mali. Now we have a singular phase in the history of the war. Dr. Tyler Smith, after writing his paper denying that ulcerations exist, bethinks himself whether it would not be a good thing to see if that point is tenable. After you hang the criminal, try him for his crime. With the aid of the speculum, the scalpel and the microscope, he finds that the *granulations* for which he fought so valiantly, are really "*superficial ulcerations* of the os and cervix uteri, which are distinctly stated by him to be the morbid changes that immediately follow abrasions or excoriations of the mucous membrane. So far, then, Dr. Tyler Smith is driven from his former position. But he still resists the inference that these morbid changes, and the attendant leucorrhœa, are inflammatory products, and entrenches himself behind this position. That as the effects of hyper-secretion or leucorrhœa, not from causes inflammatory, ensue congestion, erosion, excoriation and *ulceration*. Admitting all these as *facts*, whatever may be their causes, he necessarily agrees with Dr. Bennet in estimating their treatment—locally and instrumentally, as highly important.—The smoke raised by all these fires and cross-fires, has, by this time, obscured the original point of attack, and various minor points have attained undue importance. Dr. Bennet now comes forward in this little book to review the whole ground, and dispose of such remaining enemies which have not killed each other by their random shots. Let us see what remains for him to do. Dr. Lee's assertion that *ulceration* does not exist, is destroyed by Dr. West's proof, that he has seen it in very numerous cases. Their joint agreement of the unimportance of such lesion, is the only point of their agreement remaining. Dr. Tyler Smith's denial of the existence of *ulceration*, and explanation of its granular condition, are blown to the winds by *Dr. Tyler Smith's* elaborate microscopic demonstration that his granulations are *really* superficial Ulcers. He opposes the view of their unimportance, and regards them as very necessary to be attended to by the surgeon. His leucorrheal theory therefore remains for Dr. Bennet to attend to. To these points, therefore, the present work gives particular attention, and we must confess that in the

main, very successfully. It is an excellent *resumé* of the subject of Uterine Pathology, the points in controversy, and the real state of the science at the present day. As such, we recommend it to our readers.

R. G.

An Introduction to Practical Chemistry, including Analysis. By JNO. E. BOWMAN, F. C. S., Professor of Practical Chemistry, in King's College, London, author of a Hand Book on Medical Chemistry, etc. Second American, from the Second and Revised London Edition. Philadelphia: Blanchard & Lea. 1856. For sale by Riley & Co.

This is another work from Bowman, or rather a new edition of a new work. The author is well known to the American reader, as one of the very few who know how to prepare a work for students. His work on "Medical Chemistry" is one of the best for its size ever written, and this one on "Practical Chemistry" only carries the author still further into the affections of the student. There are very few works in Chemistry that anticipate all the troubles under which a young beginner labors. Besides, they usually contain a vast amount of matter that, to him, is superfluous. Understanding these facts, the author has been induced to prepare this little manual of 298 pages, and from an examination of it, we hesitate not to pronounce it admirably adapted to its object.

Chemistry is essentialiy an experimental science, and so exclusively is it built up of facts which have been elucidated by processes entitled to belief, that those engaged in its study acquire for it a great love, and a confidence in it, as the means of investigating almost every thing connected with living as well as dead matter.

The Practical Anatomist; or the Student's Guide in the Dissecting Room. By J. M. ALLEN, M. D., late Professor of Anatomy in the Medical Department of Pennsylvania College, Fellow of the College of Physicians, Member of the Academy of Natural Sciences, etc.; with two hundred and sixty-six illustrations.—Philadelphia: Blanchard & Lea. 1856.

This seems to be a new book prepared by the author to assist the Student in obtaining a knowledge of Anatomy. The illustrations of this work of 616 pages are very ample. The publishers give the author a *carte blanche* to select from the able number of draw-

ings contained in the various works published by them. The author has used his privilege liberally, and he has certainly treated the Student to much not found in similar works of the kind.

Although prepared mostly for Students, this work will not be out of place or found wanting, if used by the physician. From a cursory examination of its style and description, we cannot but regard it a very creditable and useful production.

Anatomy we regard as the fundamental of the group in medicine, and the interest which a student takes in this department, is a very good index as to what his position will be in his profession. An accurate knowledge here takes away from him that vacant stare with which so many who are minus in Anatomy are compelled to look upon the phenomena of disease. Well fixed up here, the medical man feels a confidence in his movements that enables him to accomplish the very things that give him distinction among his brethren and uncommon usefulness in the community where he resides. By what we have said we are far from wishing to detract from other branches. All are essential and have their place in a medical education, but a knowledge of how the organism is constructed is the foundation of physiology, this the foundation of pathology, and this again the foundation of practice.

On the Diseases of Infants and Children. By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians, Ireland, &c., &c. Second American Edition, enlarged and revised by the author. Edited with additions by William V. Keating, M. D., A. M., Physician to St. Joseph's Hospital; Lecturer on Obstetrics and Diseases of Women in the Philadelphia Medical Association, &c., &c. Philadelphia: Blanchard & Lea, 1856, pp. 735. (Riley & Co. Columbus.)

The work of which this is the second American Edition is too firmly established in the appreciation of the profession, to need any words of praise from us as an introduction upon its second appearance. It has already taken its rank, not easily to be displaced, as a standard authority upon the subjects of which it treats. We should, however, be unjust, as a reviewer, both to our readers, the author, editor and publishers, merely to speak of it as a second edition, for that implies a mere re-issue of the work, not necessarily in an improved form. In the edition before us, on the contrary, will be found many proofs of our author's diligence and care in incorporating into the original

work all the available information to be derived from the researches of competent observers, subsequent to the former issue. Such inaccuracies as had crept in have been corrected, some alterations have been made, several large additions incorporated in the original text, and in every respect the work has been brought up fully to the requirements of the profession at the present time. It is, therefore, the result of the author's matured and carefully considered observations, and embodies his latest and best opinions. Carefully edited by Dr. Keating, and printed in the best style of the well known house of Blanchard & Lea, it will not fail to sustain the previous high reputation of Dr. Churchill, but also, if possible, augment it. To the young practitioner, especially, there is no class of diseases more perplexing in the formation of a correct diagnosis, as the foundation of a proper prognosis and treatment, and certainly none in which failure so surely involves loss of reputation. Among the older physicians, careful observation and continuous study can only shield them from the same risk. To both the present work will be welcome to their libraries, and when there, we can warrant it will not slumber on the shelf. Its pages will often be conned with anxious and searching eyes, if epidemic or other grave disease shall invade the nurseries of those who usually seek their medical aid. R. G.

PART FOURTH.

EDITORIAL AND MISCELLANY.

The New Year, as we write is almost in sight; and the old one just about ending its days. There is room just here for poetry, but we have none on hand. Our progenitors took but little stock in the article, and the little has long since failed to yield any dividends. Badinage aside, it may be inquired what we have to say under our Caption. Well, first of all, a little talk with our subscribers. As far as we know, we have spared no pains to make the Journal an acceptable visitor to the reading public. Our object has been to avoid controversy of every character, and to allow nothing

into our pages except what would be calculated to cultivate right feelings, right modes of thinking, and right practice. How far we have succeeded is not for us to say. If, however, we were to judge from the letters of approval received from time to time, from those whose opinions are worth something, we should not become melancholy over the matter. But enterprises such as ours require assistance. Journals are not got up to merely give expression to the views, sentiments, etc., of their editors; such is the least portion of their objects, but to make a record of all that is going on to improve our profession. It therefore seems that every one is under some kind of an obligation to contribute whatever of interest comes under his observation. We have made appeals of this character before to our medical brethren, and to some extent, they have been heeded, but not sufficiently. We renew the request, just at the opening of the New Year, a very good time to enter into praisworthy resolves. This is applicable, especially to young men. To such we would say, make your start if you have not already done so; and all imagined obstacles will disappear.—Indeed, when once fairly on the road, the pleasures evolved more than pay expenses. Don't deceive yourselves with any misgivings about the result, but inaugurate at once habits of industry, discipline and close observation, and at the end of the year the retrospect will be a matter of satisfaction.

We might embrace the present connection to state that as far as our observation extends, the material now entering the profession is an improvement on former times. Our young men are pretty generally well fixed up in the way of preliminary education. This argues well for the future. No calling in existence requires a greater amount of capacity, or more versatility than medicine; and we are happy to find that our accessions promise to be equal to the emergencies.

What the New Year will develope in the way of humbuggery cannot now be determined. The thing is now systematized; it proceeds accordingtocalculation, founded upon the per centum of gullibility in our population, and it returns larger dividends than does the bank or railroad stocks of the country. Some have been sanguine enough to suppose that the end of such things was drawing nigh—that the education of the masses would prove to be a remedy. No such result need be expected. Observation is only necessary in order to see that education in general knowledge has

but little to do in dispelling the impositions and frauds of medicine. Who is more amenable to them and their requirements than the poets and clergymen of the country. Besides, if examination were instituted in our colleges and public schools, there is reason to believe that it would reveal the fact that those engaged in educating our children are in the habit of swallowing nostrums for every slight interruption of health. Such being the case, what is there to be expected from education? The remedy, however, we have no hesitency in beleiving, is in education, but it is in that kind which teaches that when we want spiritual advice, we should consult the Sacerdotal order, when we want legal advice we should go to a member of the Bar, and when medical, to a Physician. Educate the masses into this sentiment, and quackery of every kind is at an end. That the New Year may develop a move of this character is our earnest wish.

Transactions of the American Medical Association, for 1856.

We received a "Presentation" copy of this work, though not in time to do more than give it a mere notice. The volume contains 907 pages; and is made up of the Reports of the officers, the address of the President, Geo. B. Wood, a List of the Permanent Members, Essays and Reports of standing and special Committees.

Of the Reports, the most lengthy is By Frank Hastings Hamilton, on *Deformities* and *Fractures*, which occupies 106 pages. This report is a collection of facts on one of the departments in need of investigation, and in connection with what the author has elsewhere furnished, must serve as a basis for what is to be hereafter taught on Fractures. The author for his industry, close observation and analysis of the subject, deserves the thanks of the profession. Those who expect to have anything to do with surgery will do themselve injustice, not to become acquainted with the labors of Prof. Hamilton. The increased frequency of prosecutions for malpractice, which have been every where witnessed in our country, drew the attention of Prof. H. to the subject, and we are happy to say that he is laying it out in such a way as that many a poor fellow by his labors will experience a salvation of perhaps both neck and heels. We perhaps witnessed a prosecution within the past year, where a very worthy member of the profession would most likely have been mulcted into heavy damages

had there not been an appeal to the Fracture Tables of Prof. H. The notion has long been rife that the surgeon who treats a fracture is under obligations to make the parts just as good as they were at first, if not a little better.

The Author, by the rigid analysis instituted with reference to the *Results of Fractures*, where not treated by incompetent hands, but by those possessing the qualifications and facilities to do all that can be done, has done a good service. We close this brief notice by hoping that his labors may be continued until the whole subject is placed upon its proper basis before the popular, as well as the medical mind.

We pass over the Report on Hydrophobia. It is a very good digest of what is known on the disease, and its treatment.

There are two Reports on *American Medical Literature.* One By Drs. Breckenridge, Flint & McGugin; the other By Prof. S. D. Gross. The reader may not see the necessity of two reports on this subject at the same session of the Association. This is explained by the circumstance that touching some points, different views were entertained. Prof. Gross' Report describes the Causes which Impede the Progress of American Medical Literature, and it was in reference to these that the Authors take issue. Prof. G. says, "These causes, although numerous and diversified, may be grouped under four principal heads: 1st. The identity of the language of this country with that of Great Britain; 2d. A disposition in the profession to patronise English, in preference to American works; 3d. A want of independence in our periodical press; 4th. A lack of industry in observing and recording facts in hospital and private practice."

We really confess our inability to see the point in the first cause enumerated—the identity of the language of this country and Great Britain. If this be well taken the more we are shut out from other nations, the higher will our Literature rise. We had supposed that two individuals, or two nations, engaged in the same inquiry, were mutually improved by a frequent interchange of opinions. How would we know that we had a literature that was worth a thought, unless we had one from some other nation with which to compare it. The *preference given to English works*, is not any more valid. No one more than our author ought to know, that it is *merit* which secures for a book its circulation. A work may get a temporary use from some accidental circumstance, or from the puffing of interested parties, but in a profession such as ours, where there is a greater invest-

ment of intellect than in any other, it must be utility—exact adaptation to purposes that decides the fortune of a book. What do we care for the English, in this or any other matter, further than as we can make their labors subservient to us. We profited from their political experience, we can do the same thing from their medical. If they get up the best work on Practical Medicine, for example, it would be not merely illiberality but depravity in us not to adopt it.

The Author goes on to say, that "formerly we were reciprocally dependent upon England for all our literature, medical as well as miscellaneous, and the debt thereby incurred, forms no small item against us, but the time has gone by when we require such assistance, and it is therefore clearly our duty to declare ourselves free and independent of the British crown." Here comes the climax:—"To continue longer in our vassalage is as incompatible with the genius of our government as it is disgraceful to us as a nation." Some paragraphs, like some men's heads have but one soft place, but the above one is soft all over. Perhaps, because we have a state of independence as a nation, we ought to get up a system of Chemistry consisting exclusively of the facts discovered in America; a system of Anatomy, consisting only of those parts of the organism discovered in America, and a system of Surgery, consisting exclusively of what has been found out in this art on our side of the Atlantic. Such would be dependence on ourselves and independence of others. Wonder what, if an *argumentum ad hominem* be allowable, would, by the adoption of this plan, become of the Author's works.—He gets out books with great facility, from whence does he get his material? How does he think his works would look eviscerated of what is of foreign origin? The truth is those who have been concerned in getting up American books, have derived nine-tenths of their material from foreign sources. The temple of medical science has been erected on trans-atlantic ground; nearly all the material that at first entered into its construction, is of trans-atlantic origin. America contributed a few slabs in its erection, France more, and England most. It has now magnificent proportions, and by common consent is regarded as the property of the world.

Under the third head, when speaking of the influence exerted upon American Medical literature by the American Medical press, the Author holds as follows:—"The Reviews are, with few exceptions, written without taste aad without point, as if their authors were

afraid lest they should be accused of unkindness, baseness, or ill nature. They are characterised more by politeness than by a manly and independent tone, which is not afraid to utter its real sentiments, and to affix the seal of its unbiassed judgment." We are at some loss to interpret the mood which dictated such sentiments with reference to our periodical press. None connected with it ever had an idea that it was invulnerable, or equal to what it is in countries where medical science has for a great number of centuries been cultivated. That, however, it is on a par with other things among us, especially our *indigenous* works, there is not much reason to doubt.

It is too *polite*, our author thinks, and without *point*. Somebody has said that courtesy is a good investment—not costing much, and yielding immense profits. Perhaps this is an ad-captandum humbug. There may be doubts, however, whether it should be so decided with reference to matters actually under consideration. Not *pointed* enough either, says the author of the report. Perhaps this alleged defect in our periodical press, when looked into a little, might turn out to be somewhat convenient to some who have been figuring in the way of getting up "home productions." Suppose that on the appearance of every new work, our Journals should commence their reviews by "*pointing*" out the exact amount of borrowed, and the original matter which enter into its composition, and then compare the one with the other. Suppose also, that of the matter which purports to be original, a *close* scrutiny should be instituted in regard to the evidence upon which it rests its claims in this respect, the capacity and facilities of the author for such investigation, what would become of many of our books? One of the latest and most original American authors says in his preface to a work on Physiology, that beyond the suggestion of a trifling fact or idea here and there, the matter presented is not original, but derived from other sources. If such be true in regard to the labors of those who have some little claim to originality, what must be the case with reference to the works of those who have only character as compilators, and some of them poor ones at that. The truth is, our periodical press has done right in not probing such works too deeply. They would not bear it. They have generally been got up by men who would rather write than experiment, men who love the rustle of stationery more than they do the inconvenience, care and labor necessary to original research. Not long since, there was an opening in our medical literature for a work upon Microscopy. To prepare a treatise on such a

subject, required an actual knowledge of the optical principles, connected with the use of the instrument, and the application of these to the elucidation of healthy and diseased structures—in short it required experimental knowledge of a high order. No one among us came forward to supply this want, and as a consequence it has been done by a gentleman eminently qualified for the task, from abroad. None of the Journals would have objected to a Native American as the author of such a work. But as none came forward, and as the work was needed, they were glad even to hail it in terms of commendation from a foreign source. We may look soon for more works on the same department; and after while they will be so multiplied, each one having a little in it that is good, and a large amount that is redundant, there will again be a demand for the labors of the "Compilators."

In dismissing our notice of this report, we cannot resist the impression that there is a latitunde indulged in by the author neither creditable to himself, or agreeable to any one else. A broad and liberal view of the whole subject of American Medical Literature, will show that while it has faults, they are the faults merely incident to development, and that it has not only kept pace with all else in the country, but has excelled in its taste, profoundness, and justice to all parties concerned. The sentiments, therefore, drawn up and placed on record, with reference to the Medical Press of this country in our judgement, to say the least, demand an extraordinary amount of qualification.

The volume before us embraces a umber of Papers that we have not room to notice. The Report of the Sanitary Police of Cities, by Jas. M. Neuman, M. D., Buffalo, N. Y.; the Report on the Epidemics of Louisiana, Mississippi, Arkansas and Texas, by Erasmus Fenner, M. D. of New Orleans, and the Report of the Meteorology, Mortality, and Sanitary Condition of New Orleans, by E. H. Barton, are all able in their way, and well worth perusing.

The *Prize Essay* which closes the volume, is on the Physiology of the Arterial Circulation, and its Principle Relation to Pathology, by Henry Hartshorn, M. D., of Philadelphia. This being the Prize Essay on a subject in which no one can fail to take some interest, we looked through it a little, in order to see the points for which the Committee awarded the Prize. The essay proposes nothing new that we could notice on the subject of the Circulation, but is taken up entirely with an analysis of the opinions now in vogue.

"Medical Centres.—There has been much talk by those connected with certain colleges, about a 'Medical Centre' for the United States. By a certain class, we have had this located in Philadelphia, by another in New York, and within the last year or two it has been claimed that Nashville was the most natural place.

"It is just now a period of apyrexia among these philosophers, or to change the figure, it might be said that the volcanoes have ceased in the way of gas and smoke, and as a consequence we embrace the opportunity to suggest that the 'Medical Centre' will most likely locate itself sooner or later, as near as practicable, in the 'centre' of our national population, and in the centre of the community possessing the greatest degree of energy and prosperity. Obeying such a law, as we should not be surprised if this point should be found in the territory between the Alleghany and Rocky Mountains, perhaps in that part occupied by the people of Ohio. Well, let it come along." —*Ohio Medical Journal.*

We have not the least objection, but it is a little funny that our friend who thus makes a hit at the "gas and smoke" of others, should celebrate their disappearance in this "period of apyrexia," this "era of good feeling," by disgorging his own. But we suppose he only claims the benefit of the maxim that "Every dog has his day."—*Nashville Med. Journal.*

'Spos'en we did, Bro Bowling, emit also a "leetle gas and smoke" in regard to "Medical Centres." Isn't it *secundum artem* to prescribe, "The hair of the dog, as good for his bite?"

Special Meeting of the Ohio State Medical Society.—Our readers will not forget, that the Society at the last annual meeting, determined to hold a special meeting in Columbus, on *the third Tuesday in January*, 1857. As doubtless there will be much important business to be discussed at that time, we trust it will be our privilege to welcome a full representation of the Profession, from all parts of the State—that we shall be able to take by the hand very many *old* friends, and add numerous *others* to the list of those we "know and esteem." The State Legislature will be in session at the time. The legislative Halls in our new State House will for the first time echo with the eloquence of the "collected wisdom" of our noble commonwealth. There will be much of interest therefore to see and hear, independently of our meeting. Let us see a full gathering of Medical men!

Intemperance in Europe and the East.—By Dr. J. Oscar Noyes.

There is nothing truer under the sun than the old adage, *de gutis-bus non disputandum.* When I was a votary of the scalpel under Hyrtl, of Vienna, that great naturalist used to bemoan the loss of an immense collection of anatomical specimens, worth several thousand dollars, at the capture of the city by the Imperialists in 1849. The Croats drank off the alcohol in which the preparations had been preserved, and trampled the professor's household gods under their feet. The anatomical cabinet of Prof. Ruysch and daughter, of Amsterdam, was so admired by Peter the Great, that he purchased it the cost of 36,000 ducats. The preparations were shipped safely to Cronstadt, but in passing from the latter place to St. Petersburg the alcohol was spirited away, as in Vienna, and the collection totally ruined.

The Russians are in fact enormous consumers of alcohol. They send it against the Circassians as they have sent their Crabbes and Woronzoffs. The government derives a great part of its revenue from the excise levied upon intoxicating drinks. At the commencement of every term of the University of St. Petersburg, the servants (old soldiers who have distinguished themselves in the service of their country) are brought forward, and in their presence a portion of arsenic is introduced into every bottle containing an anatomical preparation. Even then they are required to take the oath of total abstinence. In Russia we might almost term alcohol "a fourth estate"—"a power behind the throne, stronger than the throne itself."

I think that travelers making a hasty tour of the continent are generally guilty of egregious errors in their estimate of the extent of intemperance in Europe, and its effect upon social institutions.—They see comparatively few drunkards in the streets, and without caring to make a closer examination, are ready to affirm that intemperance scarcely has an existence—that France, Italy, and Germany, constitute the Utopia of moderate drinking. During a year's residence in Vienna, I had abundant opportunity to observe the extent to which alcoholic drinks were there used.

There are comparatively few drinking houses after our model in the Austrian capital, but the *gast-häuser* serve as lager beer saloons, and *liquors* are sold largely in the thousand and one cafés.

I am of the opinion that in Germany a greater portion of the

people indulge in alcoholic drinks, aside from wine and beer, than is the case among ourselves.

In the quarter of Vienna where I resided, one of the most genteel of the city, scarcely a Sabbath evening passed without drunken brawls, to end which the interference of the police was often necessary.

Cases of death resulting directly or indirectly from intemperance, as reported in the journals, were of very frequent occurrence. I remember, in particular, two remarkable instances of sudden death, occasioned by drinking large quantities of spirituous liquors.

The wards of the General Hospital contained about the same proportion of patients whose diseases, hepatic and the like, had been induced by intemperance, as the hospitals in the United States.

Cases of delirium tremens were of frequent occurrence. One of the most common and obstinate forms of disease was distention of the stomach, caused by drinking inordinate quantities of wine and beer. So common was this, in fact, that some of the attending physicians used ordinarily to begin the examination of newly arrived patients by percussing them over the region of the stomach. I may state, *en passant*, that some of the moderate Germans boast of being able to drink a gallon of wine per day, and glasses of Teutonic ale too numerous to mention. Prof. Oppolzer, a physician of world-wide celebrity, whose *cliniques* I attended, often deprecated the drinking habits of the Germans as highly deleterious to health and general happiness. And, in my opinion, the Vienese are more unhealthy and short-lived than the inhabitants of New York.

Hyrtl, by far the greatest anatomist living, often said to us that by a single stroke of the scalpel, in the dark, he could distinguish the brain of an inebriate from that of a person who had lived soberly. Now and then he would congratulate his class upon the acquisition of a drunkard's brain, admirably fitted, from its hardness and more complete preservation, for the purposes of demonstration. As is well known, when the anatomist wishes to preserve a human brain for any length of time, he effects his object by keeping the organ in a vessel of alcohol. From a soft, pulpy substance, it then becomes comparatively hard. But the inebriate, anticipating the anatomist, begins the process of induration before death—begins it while the brain remains the consecrated temple of the soul—while its delicate and gossamer tissues still throb with the pulses of heaven-born life. Terrible enchantment, that dries up all the fountains

of generous feeling, petrifies all the tender humanities and sweet charities of life, leaving only a brain of lead and a heart of stone!

Vienna is one of the most dissolute capitals of Europe. The low morality—the indecencies exhibited on every hand—the universal desecration of the Sabbath—half of the births in the city illegitimate—the troops of legalized prostitutes—a single lying-in-hospital, to which a married female can scarcely procure admission, producing annually between four and five thousand bastards for death in infancy, or prostitution and conscription in later years. Would all these things be as they are if the Vienese were a temperate people? No one, I believe, can resist the conclusion, that in their drinking habits is the foundation of most of these evils.

Were the Germans to dispense with some of their wine, beer, and *liqueurs*, they would, in my opinion, become more clear-headed, sound-hearted and virtuous. The despotic, anti-liberal tendency of their literature would cease to exist, and German infidelity—that muddy stream of presumption and pedantry, would, when viewed in a clearer light, become more repulsive and less injurious. With them the grosser appetites are suffered to

> "——Drink up the liberal sap,
> The vegetating vigor of philosophy,
> And leave it a mere husk."

Moreover, wine and beer, with music and the concomitant pleasures, all furnished at a cheap rate, are acknowledged to be important means in the hands of German tyrants for keeping their subjects oppressed. Casks of lager-beer, butts of wine, and fiddle-bows—the props of despotism and the upholders of dynasties!—This is not saying much for the gallantry and heroism of the people; nor, in my opinion, are they worthy of liberty who are willing to take in exchange for it the ravishments of wine and revelry. If it is melancholy to see an individual drowning his sorrows in wine, what is it to see cowardly nations dissolving their griefs and disappointments in the lethean forgetfulness of intoxication? And this is the case, not only in the Germanic States, but throughout Central and Western Europe—England in part excepted. It is in view of these facts that I consider the evils flowing from the use of intoxicating drinks in Europe much greater than in the United States. The individual excess may not be so apparent and repulsive as in our own country, where there is more activity and more complete exhaustion; where men establish new empires, kill polar bears, and

get drunk with the same national enthusiasm. But Heaven preserve us from sinking into the Dead Sea of European intemperance, involving the loss of both morality and liberty!

Intemperance is astonishingly prevalent among the Sclave tribes on the lower Danube. The Serbs drink their wretched *Slivovitza*, the Wallachs their vinegar wine, while the Greeks and gipsies dissolve their sorrow in Raki—the vilest possible counterfeit of brandy. The Wallachs also plant a plum tree at the head, and another at the foot of every grave, from the fruit of which they distil an odious but much-loved liquor: "a very literal illustration," says Paget, "of seeking consolation from the tomb."

The Koran is a judicious code of health applied on a magnificent scale. While we thank Mohommed for abolishing idolatry—wherever the faith of Islam is received—for destroying caste and combining a certain amount of individual freedom with the traditional despotism of the East, we have also to thank that "sanitary commissioner run mad" for restraining millions from the use of intoxicating drinks, in a climate where the temptation to use them is exceedingly great, and the consequences more fatal than elsewhere. Alcohol decimated the English army in the Orient.

The Koran forbids the use of intoxicating drinks. The law of Islam is, however, capable of an elastic interpretation, and there are those among the faithful who contend that the interdiction is leveled against the abuse rather than the use of alcoholic beverages. Notwithstanding modern innovations, the great Moslems condemn their use, even in the form of remedies applied internally or externally, beleiving with the Prophet that the "the sin committed in drinking wine is much greater than the advantage reaped from it." Those who have made the pilgrimage to Mecca are most scrupulous on this point. Generally they will neither smoke, nor drink wine—neither buy nor sell it—nor the implements with which it is made, in order to live by such traffic. The sumptuary laws of the Koran are exceedingly strict. "Verily," saith the Prophet, "the fires of hell shall roar like the lowings of a camel, in the bellies of such as eat or drink from vessels of gold and silver." Unfortunately, however, there have been many departures from the early purity of the faith of Islam. The island of Scio was conquered by the Grand Vizier, Kipriuli, on account of the excellence of its wines. Even the dervishes—those pious showmen and cunning Jesuits of the East, are not proof against alcohol. Many of the Sultans have been addicted

to intemperance, and the last Padisha, Mahmoud, died of *delirium tremens* actually—though of tubercular consumption officially. One of the first acts of Abdul Medjid was to pour into the Bosphorus several thousand bottles of wine surreptitiously introduced within the walls of the seraglio by the Kisler Aga. Many of the soldiers of Omar Pacha drank freely of Schnapps, a vile liquid invented, they declare, by the devil, long after the promulgation of the Koran, and therefore not forbidden. I do not remember, however, having ever seen more than half a dozen Moslems completely overcome by the influence of *French water*.

There is doubtless much intemperance in Turkey that escapes the eye of the traveler, but by no means so much as might be inferred from the following, taken from MacFarlane's Kismet: "They (the Turks) have no sense of moderation. They may sometimes abstain, but they can never refrain. When they drink they invariably do it to excess. I never saw a Turkish gentleman sit down to his dinner with any appetite. The danger of dining with them, is getting fuddled before dinner commences. Their stomachs are deranged and vitiated, and the effects of this way of living are visible on the persons of most of them. I certainly did not expect to find that the habit had spread very widely among the common people; yet, with a few exceptions every Turk we met, in Europe or Asia, would drink Raki without any scruples and quite openly; and it was not often that they would refuse to partake of our wine. Delirium tremens was a malady by no means unknown among them."

I once witnessed rather an amusing scene in Varna, [then a pandemonium of war and crime, of filth and wretchedness]—a scene of which only Western civilization can boast, and which was Oriental only in the accident of its locality. A few disolute women who spoke the English language, but in whose persons Venus and Bacchus had united their worst attractions, were engaged in a drunken brawl in the open street, with a number of Scotch and Irish dragoons. The French police were attempting to abate the nuisance, but their words were entirely lost on those abandoned courtisans, following in the track of glorious war. A crowd of long-bearded Mussulmans collected to gaze on that singular *apotheosis* of Western civilization in their midst. I shall not soon forget how those turbanned philosophers did shake their heads, and turn away in disgust, saying; "O Allah, the merciful, deliver us from the faults of our friends. By the beard of the Prophet, one Mussulman maiden is worth more than seven of the most beautiful daughters of the unbelievers."

The use of Opium is by no means so common among the Turks as I supposed it to be. *Theriakee*, signifying a lover of Opium, is a term of reproach. The introduction of alcoholic drinks has doubtless had some influence in diminishing its consumption, but the great majority of the Turks are satisfied with the milder stimulus of their favorite Mocha Nectar.

But now then in the vicinity of the *Theriakee Tcharthee*, in Stamboul, may be seen a Turk whose pallid brassy countenance, emaciated features sunken eyeballs, glistening in their deep sockets, plainly mark him as a smoker of the *Madjoon*. In some instances hideous boils break out upon the face and neck of the sufferer, and in others the limbs are paralyzed. Yet they declare that the mental ravishment porduced by their favorite drug, is cheaply purchased with these horrible sufferings. Those accustomed to its use frequently consume 100 grs. per day.*

Draper's Physiology.—In our Bibliographical department will be found a notice of this work. It was sent to us by the publishers, with the request that we would give it "A *discriminating* and *prompt Notice.*" The book is written on a progressive science, and one that in the estimation of the Profession and public, needs further elaboration. Although not without models before him, the author has arranged and written all the matter as though no performance of the kind had ever been undertaken. It might be inquired if any thing has been gained by this. We think not, unless in mere appearance. Designed to be an exposition of human physiology, the work nevertheless enters into much that is collateral, and some things that are usually regarded as being entirely beyond "the record." Of the latter character, must be regarded the effort to define the *soul*, the views advanced on religion, man's moral relations, etc.—subjects rather out of place, to say nothing of their etherial characters, under the caption—*Physis and Logos, a discourse on Nature.* Besides moral matters, the author also discusses the subject of Ethnology. The last chapter has for its heading—"The Influence of *Physical Agents* on the *Aspect* and *Form* of *Man*, and *on his Intellectual Qualities.*"

* De Quincy used 800 grs. of Opium per day, and I attended a female in New York, suffering from a most painful cancer, in which 800 grs. were given daily for a period of three weeks.

Uuder this head, there are about forty pages taken up in giving the author's views of the origin of the different races of mankind, capacities, influence of physical agents, causes of difference, etc. The author starts off by giving the portrait of Newton, from the frontispiece of the Principia, and that of an Australian; the one uniting every thing excellent, the other a type of insignificance. The views of Pritchard in regard to unity of origin are adopted and in support, of the theory some reasons are offered. We see among them none but what have been before the world for years. The latest writer on this subject, (Gobineau, On the Moral and Intellectual Diversity of the Races,) has handled this question in a very able manner, while he confesses that there are but two arguments—that of *hybridity*, and his church's interpretation of the Scriptures—which favor the theory of unity, the scope of his work, no less than his facts and arguments, almost universally establish in the mind of the reader, a contrary conviction. What calling for a larger stock of ignorant credulity than the following sentence from Prof. Draper? "In fact wherever we look now, is the same."

Prof. Draper's views of the cause of Color in the Dark Races.—The color of the black and yellow races is attributed to *heat*. "Turning our attention" says the author, "to the influence of temperature, it may be observed that the development of coloring matter in the skin depends on the *heat* to which we are exposed."

The sun being the source of all the heat that we receive, and the amount depending on the obliquity of the rays, it should follow as a consequence, that there should be a correspondence between *complexion* and *latitude*. We are aware that such a conclusion should be somewhat modified by the circumstance of elevation above the sea, and meteorological conditions, they having something to do with the temperature of a place. Still we should look at the law of latitude, to which we have alluded as being the rule, and to it the conformity should be general. How now, is this? Have we the darkest race occupying the equatorial regions of both Hemispheres, and do the colors bleach out as we recede in both directions towards the poles; for according to this theory, the nearer to the equator the darker the complexion, and the more remote, the lighter it should be. There is one circumstance that favors this theory. In Africa, the negroes live mostly on each side of the equator, within from ten to twenty degrees in both directions, and it is here that the race presents its most distinguishing characteristics. But is it true that the intense

blackness of the negro is met with in other equatorial regions. Leaving Africa and going east to the Indian Ocean and the Pacific, the position seems to loose force. Hindostan, partly, is in the same latitude (10 degrees north of the equator,) with Guinea. So is Borneo, Sumatra, Java and New Guinea; and as we proceed on the opposite side of the earth, until we approach the American Continent, s number of shoals in the Pacific are found in the same latitude. Now does the color of the inhabitants of these localities resemble that of the negroes in negroland? The most trustworthy observers say no. The color after we leave Africa, is *yellow* or *olive*, deepened in some instances, not from climate, perhaps so much as from amalgamation with negroes. It might be remarked in this connection that color is inseperably connected, as a general rule, with a certain form of the skull. Where it is black, the form of the skull is *prognathous*, where it it yellow or olive, the form is *pyramidal*, and where white, *oval*. It could be asserted with the same propriety, therefore, that climate or heat has produced the prognathous form of the skull of the African, the pyramidal of the yellow man, and the oval of the white. Again the deep black of the African is always found in connection, as a rule, with a black and white wooly head of hair, the yellow colors in connection with straight hair. Now how does it happen that heat crisps the hair of the African in Guinea, and makes no such impression on that of the inhabitants of Borneo, Sumatra, Southern Hindostan, etc.

We leave this connection, to ask a few other questions that should follow as a consequence of the theory of the author. The position he assumes is, the nearer the Equator, the deeper the color, the more remote from it the lighter. As a consequence in the Arctic regions and in the Antartic, we should have the inhabitants reaching the lightest grade of complexion. Are the inhabitants of Van Dieman's Land, of Terra Del Fuego, of the Cape of Good Hope, of Kamtschatka, Iceland, Northern Siberia *white*. All around the Artic circle, and therefore in every longitude, there is to be found one *yellow* race represented in America by the Esquimaux; in Europe by the Laplanders and in Asia by the Samoides. These people not only agree in color, but are homogeneous in aspect, intellect and habits of life. These regions have been as far as is known, always occupied by the same people, why have they not been whitened by climate ?

We can say nothing in a manner in this connection, on the author's views of the *modus operandi* of *heat* in giving rise to the dark complexion. Here the agency of the liver is invoked. The author assumes that among other things, it is the function of the liver to eliminate coloring matter from the system, and when there is a failure in this duty, there is an abnormal accumulation of this coloring matter in the cuticle. A high temperature, he continues, disturbs the functions of the liver very much, and hence the dark complexion of the inhabitants where this fredom exists. Is there any proof that the coloring matter of the bile is effete, any more than is the coloring matter of the bones, the coloring matter of the liver itself, or that of the kidneys or spleen, or that of the vesicular substance of the brain. Then, again, when coloring matter is disintegrated, as is the case when the blood cells die, and the hæmatin of them is no longer of any use, is the liver more concerned in removing this, than the kidneys? Again, is it true that an African can have all other portions of his system well developed, and yet labor under a disease of the liver that had been entailed on him from all the generations within the historic period. A Northern man going into a warm climate may suffer at first from disease of the liver, but this as we have supposed, is only incident to the period of acclimation, after which his liver will move along as perfectly as his other organs. Finally, do negroes or any branch of the yellow races give any more evidence of disease of the liver, than do the whiter race? Or are their livers more frequently diseased than other parts.

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We regret to observe that the existence of the Medical Examiner, edited by Dr. Hollingsworth, terminates with the present number. Its place is to be supplied by the Louisville Review, which will after the first volume, appear under the title of "The *American Medicochirugrical Review,*" the old name being inapplicable since the Editors, Drs. Gross and Richardson, have removed to Philadelphia. We regret that Dr. Hollingsworth retires from our fraternity. His ably edited Journal always occupied a prominent place in our Exchange list—as it was conducted with great ability and dignity. Its successor promises to be a prominent feature in our National Medical Literature. Already, as the *Louisville Review,* it leaped into the front rank of our Medical periodicals. We regret that a more distinct name is not to be given to it instead of one which smacks slightly of imitation. We would wish to see it a leading Journal in the whole Medical commonwealth, not liable to be confounded with any other, from similarity of name.

New York Medical Times has been merged in the *New York Journal of Medicine* during the past year. The latter Journal therefore appears in an improved form and gives evidence of increased vigor.

Mercurial Stomatitis—Chlorate of Potash.—M. Demarquay relates 6 cases in which chlorate of potash succeeded rapidly in curing the stomatitis arising from the action of mercury. In one case, where the mercury had been used for a syphilitic affection, two grammes of this salt given for four days removed the stomatitis, and on resuming the mercurial treatment, and conjoining it with chlorate of potash, salivation did not reappear. The harmlessness of the salt is well known. M. Gustin took eight grammes, but did not find the urine increased; a sense of constriction in the mouth and some roughness of the gums were produced, and although the saliva was not sensibly diminished, yet it appeared to him more liquid than usual. He has established the fact, that the chlorate is in great part discharged unaltered by the urine. When the salivation has recently commenced, two-gramme doses suffice to check it; but when it is intense and fully established, the dose must be increased rapidly to five, ten, or fifteen grammes. He advises also the conjoined use of an astringent wash for the mouth.—*Medico Chirurgical Review.*

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